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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 Farovi Shipping Corporation

(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 2541 SW - 27th Avenue, Miami, Florida 33133

Number /

Street

City/State/Zip

Phone # (305) 373-4765, ext. # 404 E-mail address jorovi @ farovi.com

Fax #: (305) 371-6874

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

Name Jorge P. Rovirosa

Title President

Business Address 2541 SW - 27th Avenue, Miami, Florida 33133

Number /

Street

City/State/Zip

Phone # (305) 373-4765, ext. # 403 E-mail address jorovi @ farovi.com

Fax #: (305) 371-6874

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

Representative's Name Same as above

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 **President**

First Name **Jorge** Middle Name **P.**
Last Name **Rovirosa**
Business Street Address **2541 SW - 27th Avenue**
City, State, Zip Code **Miami, Florida 33133**
Phone Number **(305) 373-4765, ext. # 403/404** Fax Number **(305) 371-6874**
Email Address **jorovi @ farovi.com**.

Title **Executive Vice President**

First Name **Frank** Middle Name **V.**
Last Name **Rovirosa**
Business Street Address **2541 SW - 27th Avenue**
City, State, Zip Code **Miami, Florida 33133**
Phone Number **(305) 373-4765, ext. # 405** Fax Number **(305) 371-6874**
Email Address **frankv @ farovi.com**.

Title **Controller**

First Name **RENE** Middle Name _____
Last Name **Arencibia**
Business Street Address **2541 SW - 27th Avenue**
City, State, Zip Code **Miami, Florida 33133**
Phone Number **(305) 373-4765, ext. # 401** Fax Number **(305) 371-6874**
Email Address **Rene@farovi.com**.

Title **Vice President of Operation**

First Name **Frank** Middle Name **J**
Last Name **Rovirosa**
Business Street Address **2541 SW 27 Ave**
City, State, Zip Code **Miami Florida 33133**
Phone Number **(305) 373-4765** Fax Number **()**
Email Address **FrankJ@Farovi.com**.

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.

See attached resumes.

Jorge P. Rovirosa
10405 SW - 122nd Street
Miami, Florida 33176
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223
Fax: 305-371-6874 e-mail: jorovi@farovi.com

Professional Experience.-

<i>1971 - present</i>	FAROV SHIPPING CORPORATION <i>(steamship agents & stevedoring contractors serving Miami & Port Everglades)</i> President, Member of Board of Directors Vessel Husbandry Operations, Traffic Department (Inbound/Outbound), Line Manager, Sales & Marketing, Administration
<i>1972 - present</i>	FLORIDA STEVEDORING, INC. <i>(stevedoring & terminal operators serving Miami and Port Everglades)</i> President, Member of Board of Directors Stevedoring of break bulk, Ro/Ro and container vessels. Container and Warehouse Terminal Operations, Sales & Marketing Administration
<i>1994 - present</i>	Port of Miami Terminal Operating Co., LLC (POMTOC) <i>(container terminal operating company at PortMiami)</i> Founding Principal, Member of Board of Directors
<i>2000 - present</i>	International Longshoremen's Association (AFL-CIO) - ILA Local # 1416, # 1922 Employers' Benefit Health, Welfare, Pension Funds, Southeast Florida Ports Management Trustee
<i>1982 - 2000</i>	ILA Local 1922, Health, Welfare, Pension, Vacation and Holiday Funds, Miami, Florida Management Trustee
<i>1975 - 1976</i>	Venezolana de Buques, C.A., Caracas, Venezuela <i>(steamship line)</i> Steamship line Sales & Marketing Consultant, Operations & Traffic
<i>1976 - 1977</i>	Imparca Line, C.A., Caracas, Venezuela <i>(steamship line)</i> Steamship line Sales & Marketing Consultant
<i>1986 - 1998</i>	Florida Container Transport, Inc. <i>(container hauling company which served South Florida ports)</i> President
<i>1998 - 2003</i>	Port Crane Maintenance Co., L.L.C. <i>(gantry crane maintenance company serving PortMiami)</i> Managing Director
<i>1997 - present</i>	American Container Lines L.C. <i>(NVOCC serving Central & South America)</i> Principal, Member of the Board of Directors

Jorge P. Rovirosa
10405 SW - 122nd Street
Miami, Florida 33176
Tel.: 305-373-4765, ext. # 403 /cell.: 305-775-3223
Fax: 305-371-6874 e-mail: jorovi@farovi.com

Education.-

- 1965 - 1970** **Augusta Military Academy**
Fort Defiance, Virginia
Academic Curriculum Diploma, Ad Astra per Aspera Honor Society, Honor Committee,
Company Commander, USA-ROTOC 5th Army Academic Leadership Award
- 1970 - 1971** **University of Richmond**
Richmond, Virginia
Undergraduate Business Curriculum
- 1971 - 1972** **Miami-Dade Community College**
Miami, Florida
Undergraduate Business Curriculum
- 1971 - 1972** **University of Miami**
Miami, Florida
Undergraduate Business Curriculum

Professional Memberships.-

- 1973 - present** **The Propeller Club of the United States (Port of Miami)**
Miami, Florida
Former Member of Board of Governors, Past Chapter President

Community Activities.-

- 1981 - 1986** **Biscayne Management Committee, Metro-Dade County**
Miami, Florida
Appointed to Committee by the Chairman of the County Board of Commissioners
- 1984 - 2010** **Kairos Prison Ministry, Inc.**
Miami, Florida
Christian Ministry in State and Federal Prisons in South Florida
- 1999 - 2006** **Greater Miami Chamber of Commerce (Seaport Alliance Committee)**
Miami, Florida
Chairman
- 2000 - 2003** **Dade County Truckers Task Force**
Miami, Florida
Chairman

Languages.-

Fluent in English and Spanish

Frank V. Rovirosa
5317 Orduna Drive
Coral Gables, Florida 33133
Tel.: 305-785-1092
Fax: 305-371-6874 -e-mail: frankv@farovi.com

Attributes.-

- Experienced in the international and domestic maritime, transportation and logistics arenas
- Senior Management experience in various operating companies, stevedoring, agency, terminal and trucking
- International travel developing contacts in Europe, Far East, Central & South America
- Managed labor within collective bargaining and negotiated local ILA agreements

Professional Experience.-

2004 - present	Port Everglades Terminal LLC Port Everglades Florida <i>(stevedoring and terminal operators serving Port Everglades)</i> Director
1995 - present	Port of Miami Terminal Operating Co., LLC (POMTOC) Miami, Florida <i>(container terminal operating company at Port of Miami)</i> Member of Board of Directors
1990 - present	FLORIDA STEVEDORING, INC. Miami, Florida <i>(stevedoring & terminal operators serving Miami and Port Everglades)</i> Executive Vice-President
1978 - present	FAROVI SHIPPING CORPORATION Miami & Port Everglades, Florida <i>(steamship agents & stevedoring contractors serving Miami & Port Everglades)</i> Executive Vice President
1986 - 1998	Florida Container Transport, Inc. Miami & Port Everglades, Florida <i>(container hauling company which served South Florida ports)</i>

Education.-

Business Administration
Loyola University of New Orleans
Specializing International Business and Finance

Professional Membership .-

Management Trustee ILA Container Royalty Fund
Member Greater Miami Chamber of Commerce
CAMACOL Member
President Alumni Miami Chapter Loyola University
Advisor to the Faculty College of Business Administration of Loyola University
Founder and Director of the Rowing Program at Belen Jesuit School

RENE ARENCIBIA

435 Campana Ave Coral Gables, FL 33156 Home (305) 662-1201

CAREER OBJECTIVE: Accounting/Financial Management Positions

Seek affiliation with a company that provides strong opportunity to make measurable contribution and support for continued growth and advancement.

EDUCATION:

University of Miami; Coral Gables, Florida
Bachelor of Business Administration - in Accounting May 1987

WORK EXPERIENCE:

FAROVI SHIPING CORPORATION / FLORIDA STEVEDORING INC May 2004 – Present
2541 SW 27th Ave Miami, FL 33133

VICE PRESIDENT OF FINANCE /CONTROLLER:

- Responsible for all the accounting functions of the Miami and Ft Lauderdale offices.
- Responsible for the monthly & year-end financial statements analysis and reporting to C.E.O
- Preparation of the Federal Income tax return for various internal companies
- Managed cash management, investments and acquired financing for equipment and line-of-credit

PLASTEC USA INC. June 1999 – 2004 7752 NW 74th Ave Miami, FL 33166

CONTROLLER:

- Responsible for all the accounting functions of the Miami and Mexico City offices.
- Negotiated all contracts (Health, Dental, Disability, Phones, Internet, 401K plan & Copiers)
- Responsible for the monthly & year-end financial statements analysis and reporting to V.P. & C.E.O.
- Headed the MIS Department in implementing a new e-mail system, upgrading the servers, installing T-1 lines, firewall, anti-virus program and procuring new computers hardware
- Managed cash management, investments and acquired financing for equipment and line-of-credit

DG AGENCY LLC May 1995 - May 1999 8420 NW 52nd St. # 200 Miami, FL 33166

Company dissolved in June 1999

ASSISTANT CONTROLLER:

- Responsible for ensuring that all accounting functions for the stevedoring, agencies, container transport.
- Supervision fifteen A/P & A/R personnel
- Processing & reviewing payroll for approx. 150 employees in seven different states
- Responsible for the monthly & year-end financial statements analysis

VERDEJA & GRAVIER CPA's August 1987 - May 1995 201 Alhambra #900 Coral Gables, FL 33134

SENIOR ACCOUNTANT/AUDITOR:

- Supervised audits, reviews & compilations engagements
- Worked with various Big Five Accounting firms on audit engagement, in joint ventures engagements
- Preparation & reviewing corporate, partnership & individual federal income tax returns
- Preparation of Medicare, Medicaid & H.M.O. cost reimbursement reports

BUSINESS SKILLS:

- My professional philosophy is consistent with that of team goals & team work and have found it to be the most efficient management strategy. My strengths include excellent analysis, efficiency and organizational skills as well as the ability to form conclusions and make practical decisions.
- I am proficient with most business software including Microsoft Great Plains, Taxes, Excel & Word.

REFERENCE: Furnished upon request

Frank J. Rovirosa

1635 Nethia Dr. | Miami, FL 33133

☎ 305-519-7387 | ✉ FrankJ@Farovi.com

[LinkedIn](#)

Objective

Seasoned maritime industry professional with over 19 years of leadership in port operations, vessel management, labor relations, and safety programs. Adept at managing multi-port operations, optimizing efficiency, leading risk and insurance programs, and fostering strong union partnerships. Expertise in port logistics and operational excellence.

Professional Experience

Florida Stevedoring, Inc. – Miami, FL

Vice President of Port Operations

2022 – Present

- Direct all port operations for Miami and Fort Lauderdale, overseeing cruise vessel and cargo logistics.
- Manage union relationships and actively serve on the Labor Relations Committee, Accident Review Board, and Pension Fund Boards for Port Miami and Port Everglades.
- Board Member of Port of Miami Terminal Operating Company (POMTOC Container Terminal)
- Manage Port Agency Department
- Manage all insurance and workers' compensation claims for both ports.
- Drive operational strategy, safety compliance, and cross-port efficiency initiatives.

Port Operations Manager

2016 – 2022

- Oversaw daily cargo and cruise operations across South Florida ports.
- Managed safety programs, insurance claims, and workers' compensation cases.
- Represented management on labor boards and agency negotiations.
- Supervised agency staff and ensured compliance with port and regulatory policies.

Vessel Superintendent

2009 – 2016

- Supervised cargo and cruise vessel operations and turnaround.
- Coordinated logistics, dockside operations, and safety enforcement.

Ship Agent – Cargo Vessels

2007 – 2009

- Managed vessel arrivals, port coordination, documentation and onboard crew relations.

Payroll Administrator

2006 – 2007

- Oversaw payroll processing and compensation for operational and union staff.

Education

Florida International University – Miami, FL

Bachelor of Business Administration in International Business, 2008

Suffolk University – Boston, MA

Completed coursework toward BBA in International Business (Transferred), 2006

Belen Jesuit Preparatory School – Miami, FL

High School Diploma, 2003

Key Skills

- Port & Maritime Operations
- Vessel & Agency Management
- Union Relations & Collective Bargaining
- Workers' Compensation & Insurance Oversight
- Risk Management & Safety Compliance
- Labor Committees & Board Leadership
- Strategic Planning & Process Optimization
- Multi-Port Operations Oversight
- Team Development & Crew Supervision

Board & Committee Roles

- **Vice President**, South East Florida Employers Ports Association (SEFEPA), 2024–2025
- **Board Member**, Labor Relations Committee
- **Member**, Accident Review Board
- **Board Member**, Pension Fund Boards – Port Miami & Port Everglades
- **Board Member**, Port of Miami Terminal Operating Company (POMTOC Terminal)

Certifications & Training

- OSHA Regulations & Compliance
- Hazardous Materials (Hazmat) Handling
- Operational Safety & Safety Management Systems (SMS)
- Risk Management & Incident Response
- Executive Safety & Leadership Programs

Section B

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

See attached Articles of Incorporation

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.

See attached Division of Corporations document

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**_____.

State of Florida



Department of State

I certify from the records of this office that FAROVI SHIPPING CORPORATION is a corporation organized under the laws of the State of Florida, filed on May 27, 1961.

The document number of this corporation is 247897.

I further certify that said corporation has paid all fees due this office through December 31, 1986, and its status is active.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
12th day of January, 1987.



George Firestone

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of FAROVI SHIPPING CORPORATION, a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is 247897.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
12th day of January, 1987.



RECEIVED
MAY 27 10 59 AM '61
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION
OF
NARONI SHIPPING CORPORATION

We, the undersigned, associate ourselves to become a Florida corporation for profit.

ARTICLE I.

The name of the corporation shall be the above.

ARTICLE II.

The general nature of the business to be transacted is that ships' agent, stevedore and contractor, vessel charterer, and general marine business.

ARTICLE III.

The maximum authorized capital stock of this corporation shall be the following shares of common stock with the par value per share as stated:

Shares: 50
Par value: No par value

ARTICLE IV.

The amount of capital with which this corporation shall commence business shall be not less than Five Hundred Dollars (\$500.00).

ARTICLE V.

This corporation shall have a perpetual existence.

ARTICLE VI.

Fort Lauderdale, Broward County, Florida, shall be the principal office of the corporation, with the privilege of having branch offices at other places within, or without, the State of Florida.

ARTICLE VII.

The number of directors of this corporation shall be not less than three and not more than seven.

ARTICLE VIII.

The names and post-office addresses of the first Board of Directors and of the officers of this corporation, who shall hold office for the first year or until their successors are chosen, are:

NAME	ADDRESS
Angel Maya	1737 S. W. 4th Court Fort Lauderdale, Florida
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida
Lydia M. Jenson	266 Oceanic Avenue Fort Lauderdale, Florida

ARTICLE IX.

The name and post-office address of each subscriber and the number of shares of stock which each agrees to take are:

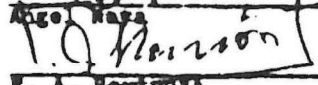
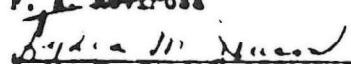
<u>NAME</u>	<u>ADDRESS</u>	<u>NO. SHARES</u>	<u>VALUE</u>
Angel Naya	1737 S. W. 4th Court Fort Lauderdale, Florida	15	\$250.00
F. A. Rovirosa	1645 S. W. 40th Avenue Coral Gables, Florida	15	250.00
Lydia M. Jenson	266 Oceanic Avenue Fort Lauderdale, Florida	1	17.50

ARTICLE X.

Each of the original incorporators of this corporation shall have the right, after the organization of same, to assign and deliver his subscription of stock herein to any other person or persons who may hereafter become subscribers to the capital stock of this corporation, who, upon acceptance of such assignment, shall stand in lieu of the said original incorporator and assume and carry out all the rights, liabilities, and duties entailed by said subscription, subject to the laws of the State of Florida and the execution of this power.

IN WITNESS OF THE FOREGOING, we have hereunto set our hands and seals at Fort Lauderdale, Florida.

Dated: May 24, 1961.

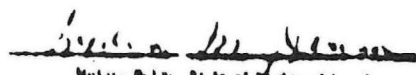

Angel Naya (SEAL)

F. A. Rovirosa (SEAL)

Lydia M. Jenson (SEAL)

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that there personally appeared before me, the undersigned authority, the above-named subscribers, to me well known and known by me to be the persons of that name described in, and who severally acknowledged to me that they executed the foregoing Certificate of Incorporation.

Dated: May 24, 1961.

WITNESS my hand and seal:


Notary Public, State of Florida at 1 00
1 1

IN WITNESS OF THE FOREGOING, I have hereunto set
my hand and seal at Fort Lauderdale, Florida.

Dated: May 24, 1961.

(SEAL)

STATE OF FLORIDA }
COUNTY OF BROWARD }

I HEREBY CERTIFY that there personally appeared
before me, the undersigned authority, the above-named
subscriber, to me well known and known by me to be the
person of that name described in, and who acknowledged
to me that she executed the foregoing Certificate of
Incorporation.

Dated: May 24, 1961

WITNESS my hand and seal:

Lawrence S. Hall
Notary Public
State of Florida at Large

My Commission Expires:

Notary Public, State of Florida at Large
My Commission Expires May 1, 1963
Bonded by the State of Florida, \$10,000.00

AMENDMENT
TO
CERTIFICATE OF INCORPORATION OF
MAROVI SHIPPING CORPORATION

The Certificate of Incorporation of Marovi Shipping Corporation
filed on the 27th day of May, A. D., 1961 shall be amended to read
as follows:

ARTICLE III

"The maximum authorized capital stock of this corporation shall
be the following shares of common stock with the par value per share
as stated; "

Shares - 100
Par Value - No par value

IN WITNESS WHEREOF I have hereunto set my hand and seal at
Miami, Florida this 23rd day of May, 1968.

I. O. Raines (Seal)
President

State of Florida

County of Dade

We the undersigned Secretary and President of Marovi Shipping
Corporation do hereby certify that the foregoing amendment to the
Certificate of Incorporation has been approved by the Board of
Directors, proposed by said board to the stockholders, and approved
at a stockholder's meeting by such proportion, not less than a
majority, of the stock entitled to vote thereon.

Sam. S. S. S.
Secretary

I. O. Raines
President

SUBSCRIBED AND SWORN TO, before me, this 23rd day of May, 1968.

Robert L. Holmes

Notary Public, State of Florida at Large
My commission expires April 18, 1970
Bonded by Transamerica Insurance Co.

CERTIFICATE

The undersigned, President and Secretary of NAROV SHIPPING CORPORATION, a Florida corporation, do hereby certify that the following is a true and correct copy of resolutions adopted by the Board of Directors in accordance with the Corporation's Articles of Incorporation and approval by the shareholders at a meeting duly called and held on

RESOLVED, that Article I of the Articles of Incorporation be deleted and the following substituted therefor:

"The name of the Corporation shall be FAROV SHIPPING CORPORATION."

F. A. Rovirosa
F. A. Rovirosa, President

Dave Madaula
Dave Madaula, Secretary

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17th day of June, 1975, by F. A. Rovirosa and Dave Madaula, of Narovi Shipping Corporation, a Florida corporation, on behalf of the Corporation.

Notary Public, State of Florida at Large

My Commission Expires:

FAKOV SHIPPING CORPORATION
ACTION BY DIRECTORS WITHOUT MEETING

The undersigned being all of the Directors of Fakov
Shipping Corporation, pursuant to Florida Statute, Section
357.134, hereby adopt the following resolution:

RESOLVED, that the Registered Agent and
Registered Office of the Corporation be
changed from John D. Armstrong, 1405 S.W.
First National Bank Building, 100 So. Biscayne
Boulevard, Miami, Florida 33131, to Frank A.
Novirosa, 1500 Port Boulevard, Miami, Florida
33132.

Each Director has signified his consent to the above action
by placing his signature where indicated below.


F.A. Novirosa


Francisco J. Martinez


[illegible]


[illegible]


[illegible]



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

Detail by Entity Name

Florida Profit Corporation
FAROVI SHIPPING CORPORATION

Filing Information

Document Number	247897
FEI/EIN Number	59-0954681
Date Filed	05/27/1961
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	03/03/1994

Principal Address

2541 SW 27TH AVE
MIAMI, FL 33133

Changed: 04/23/2019

Mailing Address

2541 SW 27TH AVE
MIAMI, FL 33133

Changed: 04/23/2019

Registered Agent Name & Address

ROVIROSA, JORGE P
2541 SW 27TH AVENUE
MIAMI, FL 33133

Name Changed: 04/22/2015

Address Changed: 04/22/2015

Officer/Director Detail

Name & Address

Title P

ROVIROSA, JORGE P.
10405 SW 122 STREET
MIAMI, FL

Title VD

ROVIROSA, FRANK V.
4080 EL PRADO BLVD
COCONUT GROVE, FL

Annual Reports

Report Year	Filed Date
2023	04/10/2023
2024	04/05/2024
2025	04/28/2025

Document Images

04/28/2025 -- ANNUAL REPORT	View image in PDF format
04/05/2024 -- ANNUAL REPORT	View image in PDF format
04/10/2023 -- ANNUAL REPORT	View image in PDF format
04/28/2022 -- ANNUAL REPORT	View image in PDF format
04/30/2021 -- ANNUAL REPORT	View image in PDF format
06/09/2020 -- ANNUAL REPORT	View image in PDF format
04/23/2019 -- ANNUAL REPORT	View image in PDF format
04/17/2018 -- ANNUAL REPORT	View image in PDF format
03/17/2017 -- ANNUAL REPORT	View image in PDF format
04/28/2016 -- ANNUAL REPORT	View image in PDF format
04/22/2015 -- ANNUAL REPORT	View image in PDF format
01/13/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
04/16/2010 -- ANNUAL REPORT	View image in PDF format
04/20/2009 -- ANNUAL REPORT	View image in PDF format
04/04/2008 -- ANNUAL REPORT	View image in PDF format
04/26/2007 -- ANNUAL REPORT	View image in PDF format
03/06/2006 -- ANNUAL REPORT	View image in PDF format
03/25/2005 -- ANNUAL REPORT	View image in PDF format
03/18/2004 -- ANNUAL REPORT	View image in PDF format
04/17/2003 -- ANNUAL REPORT	View image in PDF format
04/29/2002 -- ANNUAL REPORT	View image in PDF format
01/26/2001 -- ANNUAL REPORT	View image in PDF format
07/25/2000 -- ANNUAL REPORT	View image in PDF format
07/13/1999 -- ANNUAL REPORT	View image in PDF format
01/30/1998 -- ANNUAL REPORT	View image in PDF format
05/08/1997 -- ANNUAL REPORT	View image in PDF format
04/23/1996 -- ANNUAL REPORT	View image in PDF format

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.

Not applicable

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.

Not applicable

Section F

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

See attached addendum

Section G

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

See attached addendum

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

See attached addendum

FAROVI SHIPPING CORPORATION. -
Port Everglades Franchise Application 2026 -addendum

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.

FAROVI SHIPPING CORPORATION has been conducting business as ship agents serving the Port of Miami since 1961, as well as Port Everglades since 1962. We have been acting both as general agents and husbandry agents for several steamship lines. Among others, we have served Fred Olsen Express LLC, Compañía Sud Americana de Vapores, S.A. (CSAV) & Mediterranean Shipping (MSC).

Section G.-

- 1- Provide a list of the applicant's current managerial employees, including supervisors, superintendents, and forepersons.**

See below:

Name of Managerial Employees	Title
Jorge P. Rovirosa	President
Frank V. Rovirosa	Vice President
Frank J Rovirosa	Vice President of Operations
Rene Arencibia	Controller
Roxana Gugliatto	Vessel & Stevedoring Acct. Supervisor
Ramiro Hurtado	Port Operations Manager

- 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.**

The resumes of managerial owners and employees are attached, including their active involvement in seaports and the length of time they have been involved in similar business activities.

Other managerial employees, as listed above. -

Roxana Gugliatto has been working for our company as a supervisor in charge of stevedoring matters since 1974, specifically providing stevedoring quotes, supervising Stevedoring and Terminal Charges billing, as well as managing Superintendents and I.L.A. Payroll, Union Reports, Workmen's Compensation matters, claims, and collections.

Ramiro Hurtado has been working for our company as a Port Operations Manager for the past 15 years. Among other duties, he is our Boarding Agent and in charge of coordinating with the Seaport Operations Department of the Ports, the scheduling of vessels to work in both the Port of Miami and Port Everglades; also, he is the liaison between the U.S. Government authorities and the vessels' command for the prompt dispatch of vessels calls under his responsibility.

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 Number of Years Operating at this Seaport 63

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
Royal Caribbean	20
Celebrity Cruises	7

Section H

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

If none, state "None" _____.

Seaport Port Miami Number of Years Operating at this Seaport 64

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
Royal Caribbean	64
MSC	10

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 ☒

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>.

See attached, Certificates of Insurance Nos:



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
05/30/2025

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

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

PRODUCER SPR Insurance Group, LLC 18305 Biscayne Blvd Suite 218 Aventura FL 33160	CONTACT NAME: Charlene Bobb PHONE (A/C, No, Ext): (305) 397-0500 FAX (A/C, No): (305) 760-2908 E-MAIL ADDRESS: cbobb@sprinsgroup.com														
INSURED Florida Stevedoring Inc & Farovi Shipping Corp. 2541 SW 27th Ave Miami FL 33133	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Waverenth Ports & Terminals Consortium - Lloyds</td> <td>15792</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Waverenth Ports & Terminals Consortium - Lloyds	15792	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER: CL2553013355

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			GI2500866	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 10,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 - by fire
	☒ Marine Liability						MED EXP (Any one person) \$ N/A
	☐ Deductible \$15,000 each acc.						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						Cargo Handling \$ 10,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	☐ AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ EXCESS LIAB						AGGREGATE \$
	☐ DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE ☐ OTH-ER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

USD 10,000,000.00 any one accident or series of accidents or occurrences arising out of one event and unlimited in all.

Pollution Liability - \$10,000,000 (Sudden and Accidental Pollution basis only)

Sub Limits:

Under Clause 4. Cross Liability USD 1,000,000 in the aggregate.; Under Clause 6. Action Over USD 1,000,000 in the aggregate.; Maximum combined Sub Limit under both Clause 4&6 is USD 1,000,000 in the aggregate. LSW1511 Fire extension USD 1,000,000 per event and in the annual aggregate. See Attached Acord 101

CERTIFICATE HOLDER
CANCELLATION

Port Everglades Broward County Florida 1850 Eller Drive, Suite 602 Fort Lauderdale FL 33316	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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AGENCY CUSTOMER ID: _____
LOC #: 00001 _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY SPR Insurance Group, LLC		NAMED INSURED Florida Stevedoring Inc & Farovi Shipping Corp.	
POLICY NUMBER GI2500866		2541 SW 27th Ave	
CARRIER Waverenth Ports & Terminals Consortium - LLoyds	NAIC CODE 15792	Miami, FL 33133	
		EFFECTIVE DATE: 06/01/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

LSW1512 Advice and information extension USD 500,000 per event and in the annual aggregate.
LSW1513 Fines and duties extension USD 1,000,000 per event and in the annual aggregate.
LSW1514 Infringement of personal right extension USD 1,000,000 per event and in the annual aggregate.
LSW1515 Wrongful delivery of cargo extension USD 500,000 per event and in the annual aggregate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2025

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

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PRODUCER SPR Insurance Group, LLC 18305 Biscayne Blvd Suite 218 Aventura FL 33160	CONTACT NAME: Charlene Bobb PHONE (A/C, No, Ext): (305) 397-0500 FAX (A/C, No): (305) 760-2908 E-MAIL ADDRESS: cbobb@springsgroup.com														
INSURED Florida Stevedoring Inc & Farovi Shipping Corp. 2541 SW 27th Ave Miami FL 33133	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Waverenth Ports & Terminals Consortium - Lloyds</td> <td>15792</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Waverenth Ports & Terminals Consortium - Lloyds	15792	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL2553013355

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			GI2500866	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 10,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 - by fire
	☒ Marine Liability						MED EXP (Any one person) \$ N/A
	Deductible \$15,000 each acc.						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						Cargo Handling \$ 10,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	☐ OCCUR ☐ CLAIMS-MADE						\$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

USD 10,000,000.00 any one accident or series of accidents or occurrences arising out of one event and unlimited in all.
 Pollution Liability - \$10,000,000 (Sudden and Accidental Pollution basis only)
 Sub Limits:
 Under Clause 4. Cross Liability USD 1,000,000 in the aggregate.; Under Clause 6. Action Over USD 1,000,000 in the aggregate.; Maximum combined Sub Limit under both Clause 4&6 is USD 1,000,000 in the aggregate. LSW1511 Fire extension USD 1,000,000 per event and in the annual aggregate. See Attached Acord 101

CERTIFICATE HOLDER

CANCELLATION

Broward County 1850 Eller Drive Fort Lauderdale FL 33316	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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AGENCY CUSTOMER ID: _____

LOC #: 00001 _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY SPR Insurance Group, LLC		NAMED INSURED Florida Stevedoring Inc & Farovi Shipping Corp.	
POLICY NUMBER GI2500866		2541 SW 27th Ave	
CARRIER Waverenth Ports & Terminals Consortium - LLoyds	NAIC CODE 15792	Miami, FL 33133	
		EFFECTIVE DATE:	06/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

LSW1512 Advice and information extension USD 500,000 per event and in the annual aggregate.
LSW1513 Fines and duties extension USD 1,000,000 per event and in the annual aggregate.
LSW1514 Infringement of personal right extension USD 1,000,000 per event and in the annual aggregate.
LSW1515 Wrongful delivery of cargo extension USD 500,000 per event and in the annual aggregate.



CERTIFICATE OF LIABILITY INSURANCE

Exhibit 1
Page 31 of 31 DATE (MM/DD/YYYY)
9/29/2025

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

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PRODUCER Marsh & McLennan Agency LLC 8144 Walnut Hill Ln Floor 16 Dallas TX 75231	CONTACT NAME: Leslie Westfall PHONE (A/C, No, Ext): 972-770-1665 E-MAIL ADDRESS: Leslie.Westfall@MarshMMA.com	FAX (A/C, No):
INSURED Florida Stevedoring Inc. & Farovi Shipping Corp. 2541 SW 27 Ave Miami FL 33133	INSURER(S) AFFORDING COVERAGE INSURER A: Signal Mutual Indemnity Association, Lt	NAIC # 55555
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2047458980

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$ ☐						EACH OCCURRENCE AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☒ N	N / A	09900	10/1/2025	10/1/2026	X PER STATUTE ☐ OTH-ER ☐ USL&H E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Jones Act/Maritime Liability			J25609900	10/1/2025	10/1/2026	Jones Act/Maritime \$1,000,000

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

USL&H & Jones Act/Maritime Coverage:
United States Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 901
USL&H - Statutory Limits Apply
Jones Act/Maritime Liability - \$1,000,000 Incidental Limit for Any One Accident or Occurrence

Broward County is included as Joint Assured (additional insured) and includes 30 day notice of cancellation.

CERTIFICATE HOLDER

CANCELLATION

Broward County 1850 Eller Drive Fort Lauderdale FL 33316	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Florida Stevedoring Inc. & Farovi Shipping Corp. 2541 SW 27 Ave Miami FL 33133
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

USL&H & Jones Act/Maritime Coverage:
United States Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 901
USL&H - Statutory Limits Apply
Jones Act/Maritime Liability - \$1M Incidental Limit for Any One Accident or Occurrence

Broward County is included as Joint Assured (additinal insured) and includes 30 day notice of cancellation.



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
08/06/2025

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

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

PRODUCER GOOSEHEAD INSURANCE 1500 SOLANA BLVD 4500, WESTLAKE, TX 76262	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com														
INSURED FLORIDA STEVEDORING INC DBA: FAROVI 2541 SW 27th Ave Miami, FL 33133	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Progressive Express Insurance Company</td> <td style="text-align: center;">10193</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Progressive Express Insurance Company	10193	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES
CERTIFICATE NUMBER: 569369109332471474D080625T185105

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	Y	N	972036783	08/10/2025	08/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	N	972036783	08/10/2025	08/10/2026	\$

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

CERTIFICATE HOLDER
CANCELLATION

BROWARD COUNTY 1850 ELLER DR FORT LAUDERDALE, FL 33316	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY GOOSEHEAD INSURANCE		NAMED INSURED FLORIDA STEVEDORING INC DBA: FAROVI 2541 SW 27th Ave Miami, FL 33133
POLICY NUMBER 972036783		
CARRIER Progressive Express Insurance Company	NAIC CODE 10193	EFFECTIVE DATE: 08/10/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 _____ FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only

Description of Location/Vehicles/Special Items

Scheduled autos only	
2020 TOYOTA COROLLA JTDEPRAE8LJ082915	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Additional Information

Certificate holder is listed as an Additional Insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/06/2025

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COVERAGES

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

PORT EVERGLADES
BROWARD COUNTY
1850 ELLER DR
FORT LAUDERDALE, FL 33316

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY GOOSEHEAD INSURANCE		NAMED INSURED FLORIDA STEVEDORING INC DBA: FAROVI 2541 SW 27th Ave Miami, FL 33133
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2020 TOYOTA COROLLA JTDEPRAE8LJ082915	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Additional Information

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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.

Financial statements are available for your review at our office or at your office, at your convenience.

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 xx

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 xx

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 xx

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 Wells Fargo Bank, N.A. Nature of Business bank
Contact Name Jennifer A. Perez Title Assistant Vice President Relationship Manager
Legal Business Street Address 333 S.E., 2nd Avenue, 22nd floor
City, State, Zip Code Miami, Florida 33131
Phone Number (305) 329-6763

(Provide on a separate sheet.)

Section M

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

Section N

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
Yes___ No___
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

As Steamship Agents, this Section "N", comprising 1 through 4, does not apply, as we do not need equipments and/or equipment operators for our marine operations and boarding activities.

Section O

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

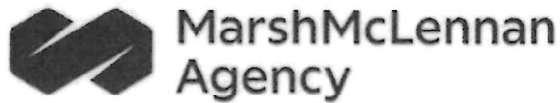
See attached Broward Business Tax Receipt No.: 379-234951

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.

As steamship agents, this Section comprising 1 through 5, does not apply.

But, need to mention that we do have a Safety Program which includes Substance Abuse Policy, as well as Employee Job Training under our stevedoring division, Florida Stevedoring Inc. (See attached)



November 8, 2024

Farovi Shipping Corp.
2541 SW 27th Avenue
Miami, FL 33133

Principal: Farovi Shipping Corp.
Bond No.: 69161521
Bond Type: Indemnity and Payment Bond

Bond Amount: \$20,000.00

Continuation Notice

Please be advised the above captioned bond has been renewed effective December 12, 2024. This bond is continuous and does not require a continuation certificate.

If you have any questions or need anything further please feel free to reach me directly.

Thank you,

A handwritten signature in cursive script that reads 'Christen Tyner'.

Christen Tyner

Senior Bond Account Manager, Southwest Region

T +1 972 770 1624 | M +1 214 517 9026 | O +1 972 770 1600

8144 Walnut Hill Lane | 16th Floor | Dallas, TX | 75231

Section O

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: FAROVI SHIPPING CORPORATION

Receipt #: 379-234951
Business Type: ALL OTHERS (STEAMSHIP AGENTS)

Owner Name: JORGE P ROVIROSA
Business Location: 2541 SW 27 AVE
MIAMI DADE COUNTY
Business Phone: 305-373-4765 EXT 404

Business Opened: 07/27/2010
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

Receipt Fee 45.00
Packing/Processing/Canning Employees 0.00

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:

FAROVI SHIPPING CORPORATION
2541 SW 27 AVE
MIAMI, FL 33133

Receipt # WWW-23-00267679
Paid 07/09/2024 45.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: FAROVI SHIPPING CORPORATION

Receipt #: 379-234951
Business Type: ALL OTHERS (STEAMSHIP AGENTS)

Owner Name: JORGE P ROVIROSA
Business Location: 2541 SW 27 AVE
MIAMI DADE COUNTY
Business Phone: 305-373-4765 EXT 404

Business Opened: 07/27/2010
State/County/Cert/Reg:
Exemption Code:

Rooms Seats Employees Machines Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

Receipt # WWW-23-00267679
Paid 07/09/2024 45.00

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829
VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Business Name: FLORIDA STEVEDORING INC

Receipt #: 329-36877
Business Type: ALL OTHERS (STEVEDORING)

Owner Name: JORGE P ROVIROSA
Business Location: 2541 SW 27 AVE
MIAMI DADE COUNTY
Business Phone: 305-373-4765

Business Opened: 07/24/2009
State/County/Cert/Reg:
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**
20

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

Receipt Fee 150.00
Packing/Processing/Canning Employees 0.00

Total Paid 150.00

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:
FLORIDA STEVEDORING INC
2541 SW 27 AVE STE 201
MIAMI, FL 33133-2163

Receipt # 01C-24-00002862
Paid 07/22/2025 150.00

2025 - 2026

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

Port Everglades Terminal (PET) LLC Security Florida Stevedoring Inc./ Farovi Shipping Corp

Safety Manual



HUMBERTO Lopez, (Ret) SGT USMC
SENIOR DIRECTOR OF SECURITY, FSO & VSO
PORT EVERGLADES TERMINAL LLC

PROPRIETARY CONFIDENTIAL /SENSITIVE SECURITY INFORMATION. 00 NOT PHOTOCOPY

Warning: This record contains sensitive security information controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "Need to Know" as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in a civil penalty or other action. For U.S. Government Agencies, Public disclosure is governed by 5 U.S.C. 552 and 49 CFR 15 and 1520. Information contained in this report is confidential pursuant to applicable Federal, State, and Local Statutes.

Document

-  01. Safety Organization
-  02. Assignment of Responsibility
-  03. Disciplinary Policy
-  04. Safety Orientation
-  05. Emergency Procedures
-  06. Accident/Loss Reporting Procedures
-  07. Accident Investigation
-  08. Safety Inspections/Hazard Correction Procedures
-  09. Workplace Violence
-  10. OSHA
-  11. Electrical Safety
-  12. Electrical Lockout/Tagout
-  13. Motor Vehicle Operations
-  14. Vehicle Maintenance
-  15. Forklifts
-  16. RTG
-  17. Safety Meetings
-  18. Drug and Alcohol-Free Workplace
-  19. Hazard Communications and Control Program
-  20. Hazardous Waste Management Program
-  21. PPE
-  22. Weather
-  23. Cruise Operations
-  24. Bloodborne Pathogens

1. SAFETY ORGANIZATION

1.1 ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC SAFETY POLICIES and PROCEDURES MANUAL.**

As a condition of continued employment, I agree to read and study this manual to acquaint myself with these rules and regulations and to follow them to the best of my ability.

Name: _____

Signature: _____

Date _____

1.2 SAFETY & HEALTH POLICY

It is the policy of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.** to provide a safe and healthful workplace for our employees and to observe all State and Federal Laws and Regulations and Industry Best Practices.

We have and will continue to maintain a Safety and Health Program designed to train our employees to follow safe practices, and to recognize and correct unsafe working conditions.

Safety is a part of each employee's job. Active participation and adherence to the Safety Program is a condition of each employee's employment. No employee is required to work at a job that they know is not safe. Therefore, we must work to make every workplace safe by detecting and correcting unsafe working conditions, as well as the detection of unsafe work practices.

Our Safety Policy has equal importance with **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.** This policy will be providing the best quality and most productive service in our industry.

It is our goal to eliminate accidents and injuries. Because of the many different hazards of our industry, we must maintain a constant safety awareness to achieve this goal.

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

Rick Blackmore, CEO

**FLORIDA STEVEDORING INC. &
PORT EVERGLADES TERMINAL LLC.**

1.3 PROGRAM OBJECTIVES

Annual review:

The following objectives and goals have been established to gauge the success of our program, as a minimum guideline, and will be reviewed annually by the Health, Safety & Environment (HSE) Manager and or their designate to evaluate the Plan's safety performance:

Objectives & Goals:

To provide a Safety and Health Program consistent with good operating practices and maintain compliance with all applicable safety and health regulations, and any other codes, rules, or practices consistent with this company.

To create an attitude of safety consciousness in management, supervision, and employees: We will establish a spirit of cooperation and teamwork throughout all operations regarding all health and safety matters.

In order to accomplish these objectives, our safety program will include:

- Preplanning for safety in every portion of the operation through the active cooperation and participation of employees and management personnel. We will draw upon their experience and expertise to anticipate and mitigate or eliminate accident-producing situations.
- Provide mechanical and physical safeguards to the maximum extent possible in compliance with government regulations, i.e., State or Federal OSHA, Fire Codes, etc. as well as those safety standards required from our insurance carriers.
- Conduct a program of safety and health inspections to discover and correct unsafe working conditions or practices; to control health hazards; and to comply fully with the safety and health standards for each job, operation, and facility.
- Training for all employees on good safety and health practices.
- Providing the necessary personal protective equipment and instructions for its use and care.
- Developing and enforcing safety and health rules and requiring all employees to cooperate with these rules as a condition of employment.
- Investigating every accident promptly to find its cause and correcting the problem to prevent recurrence.

Limitations:

All operations are not the same, and the policies and procedures set forth in this manual are not tailored to a specific operation or characteristics thereof. The successful implementation of this manual **depends on the enthusiasm and common sense of each Employee, Supervisor, Manager and Officer.**

2. ASSIGNMENT OF RESPONSIBILITY

2.1 EXECUTIVE MANAGEMENT

Management will help oversee the administration of the health, safety and environmental program with guidance from the HSE Manager. In addition, it is the primary goal of the HSE Manager and administrative management to comply with all applicable State, Federal, and local health, safety and environmental regulations.

It is without question that management would hope that all employees comply with the HSE program voluntarily. Should any individual fail to comply with their responsibility for the safety and health of their workforce, they will be held accountable within the guidelines and restrictions of the disciplinary program outlined within this program.

2.2 HSE MANAGER AND/OR THEIR DESIGNATE RESPONSIBILITY

The HSE Manager and or their designate will advise management, as well as the supervisors and employees, of unsafe conditions and problems related to accident prevention and recommendations for safety and health. The HSE Manager will assist and advise management in how best to provide a safe work environment, necessary safety equipment needed on the job, safety training that may be required, or sample safety inspections in the interest of accident prevention.

The HSE responsibilities for **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.** will be implemented by **Frank J. Roviroso (MIA) & Anna Silva (PET).**

The duties of the HSE Manager and/or their designate will include but are not limited to the following activities:

- The development and administration of the safety and health program.
- Development of methods and procedures for the implementation of the program.
- Provide support and direction in the training and development of personnel.
- Monitor the implementation of the program and develop means of accountability for the enforcement of the program.
- The HSE Manager will use the presentation as "meeting minutes" along with the sign in sheet for each meeting.
- Monitor the supervisor's performance in the investigation of accidents and documentation.
- Monitor preventive and corrective action necessary to prevent recurrence.

- Assist in the preparation of safety and health bulletins, posters, and publicity as needed.

2.3 SUPERVISOR'S SAFETY RESPONSIBILITY

Each supervisor, and every employee with supervisory authority, has full responsibility for the safe actions of their employees under their control and the safe performance of machines and equipment within their operating area. The full potential of an effective safety program can only be realized when all levels of supervision cooperate in all phases of the program. The following is a list of responsibilities of each Supervisor:

SAFETY POLICY AND PROCEDURES MANUAL.

- Each supervisor must assume full responsibility for the safe and healthful working areas for their employees.
- Each supervisor must be fully accountable for preventable injuries, collisions, and liabilities caused by their employees.
- Each supervisor must make sure the necessary safety equipment and protective devices for each job are available, used, and maintained properly.
- Each supervisor must take the initiative in recommending correction of deficiencies noted in work procedures, equipment, facilities, employee job training, or attitudes that adversely affects our efforts to control accidents and injuries.
- Each supervisor must be firm in the enforcement of work policies by being impartial in taking disciplinary action, as defined in this **MANUAL** against those who fail to conform. At the same time each supervisor is encouraged to be prompt with positive recognition to those who perform well.
- Each supervisor must ensure that each employee is fully trained and certified for the job he is assigned to do, that each employee is familiar with published procedures and work rules, and that each employee certifies in writing that he or she understands compliance is mandatory.
- Each supervisor must ensure that each new employee receives, reads, and understands the company **CODE OF SAFE PRACTICES**. A copy of the Code, signed by the new employee, must be forwarded to the HSE Manager
- Each supervisor must continually observe and evaluate job conditions and work procedures to detect and correct any unsafe conditions and/or unsafe work practices.

- Each supervisor should periodically meet personally with each employee to review and discuss safety policies and procedures that pertain to their jobs and the operations.
- Should an employee have a work-related injury or illness, it is the responsibility of the supervisor to investigate the claim and provide the necessary "Accident/Incident Report" forms to the employee when informed of the injury or illness.
- Each supervisor must fully cooperate with the HSE Manager, Insurance Company Safety Personnel and OSHA Compliance Officers in shutting down operations considered to be an imminent danger to employees, or in removing personnel from hazardous jobs when they are not wearing or using personal protective equipment.
- Each supervisor must attend any management Safety Meetings when held and participate in the promotion of safety awareness.
- Each supervisor should encourage their employees to participate in the recognition, correction or reporting of any safety or health problems without fear of reprisal.

2.4 EMPLOYEE RESPONSIBILITIES

All employees are required, as a condition of employment, to develop and exercise safe work habits in the course of their work to prevent injuries to themselves, their fellow workers, and conserve material resources and time.

The items listed below are part of the employee responsibilities as outlined by OSHA. However, they are only minimum guidelines. It is important that each employee assist in the safety program on a voluntary basis.

- Promptly report to your supervisor all accidents, near misses and injuries occurring within the course of their employment.
- Cooperate with and assist in investigation of accidents to identify correctable cause and to prevent reoccurrence.
- Promptly report to their supervisor all unsafe actions, practices, or conditions they observe.
- Become familiar with and observe approved safe work procedures during the course of their work activities.
- Always keep work areas clean and orderly.
- Avoid engaging in any horseplay and avoid distracting others.
- Obey all safety rules and follow published work instructions.

- Wear protective equipment when working in hazardous areas or jobs, and/or as required by supervision.
- Inspect all equipment prior to use and report any unsafe conditions to your supervisor immediately.
- Submit any suggestions for accident prevention, without fear of reprisal, which may assist in improved working conditions or work practices to your immediate supervisor.

3. DISCIPLINARY POLICY

3.1 INTRODUCTION

This policy provides rules and guidelines for administering disciplinary action to employees, who violate safety rules and procedures or who, by their record or actions, indicate a disregard for safety or company policy.

Safety related disciplinary action shall be administered through the HSE Manager and/or upper-level management, depending on their nature, severity, frequency, and employment (ILA or Management).

3.2 PURPOSE

The purpose of this policy is to enhance safety awareness in all employees, and to motivate them to perform their work safely, in accordance with established safety rules, procedures, and company instructions.

3.3 CIRCUMSTANCES LEADING TO DISCIPLINARY ACTION

Listed below are conditions that shall be considered for disciplinary action under the provisions of this policy:

- Violation of a supervisor's safety related instructions.
- Violation of established safety rules and/or procedures.
- Violation of instructions on posted safety related signs.
- Unsafe actions related to the improper use of equipment,
- Lack of concern toward safety instructions and programs.

The above circumstances are not intended to be all-inclusive. Any other circumstances that indicate an employee's disregard for their own safety, the safety of others, or the neglect of proper care for equipment, may also result in disciplinary action under the provisions of this policy.

3.4 PROCEDURE:

This program is effective as of **February 1 2008** (Revised: July 18, 2022) and shall be reviewed every twelve (12) month period.

Whenever a supervisor or other member of management observes an employee committing an unsafe act or creating or allowing a hazardous condition to exist, a Joint Safety Violation Notice shall be completed. A copy of the violation form should be retained in the employee's personnel folder, and each time a new violation form is received, the employee's file shall be reviewed for previous violations. Where previous violations appear during a 12-month period, the disciplinary actions listed below will be implemented.

The HSE Manager and/or their designate will investigate any violation of the safety procedures and any accident where the cause is not clear. Their recommendation as to cause, preventable or non-preventable, shall be made to the management.

If the employee feels they have been treated unjustly, they will be allowed to appeal the decision. The appeal will be reviewed by the HSE Manager and/or their designate, and the employee's supervisor, and or upper management.

3.5 EMPLOYEE SANCTION GUIDELINES & CORRECTIVE ACTIONS

To be taken as per the South Florida Employer Association (SEFEPA) Guidelines when the same concerns ILA Labor. The following sanctions apply for violations of safety procedures or involvement in a preventable accident:

Sanctions to PET employees will be in accordance with this policy.
Sanctions to ILA workers will be in accordance with the Bargain Agreement Contract.

- First Incident - Verbal warning with documentation.
- Second Incident - Written warning with possible suspension / ILA HEARING
- Third Incident - Disciplinary action up to AND including discharge if ILA personnel all performed via a grievance forum.
- Fourth Incident - Discharge.

3.6 SUPERVISION SANCTION GUIDELINES:

The above sanctions also apply to supervision that will also be subject to disciplinary action: when their employee receives some form of disciplinary action as noted above, or who demonstrate negligence in their implementation or enforcement of written policy. Any member of supervision may be subject to these disciplinary guidelines as an individual or as a member of management.

3.7 SUMMARY

The above disciplinary actions are a minimal guideline. Depending on the circumstances and/or the severity of a violation or incident, a disciplinary most appropriate for the time and action, including termination, may be implemented.

3.8 SUPERVISORS' DISCIPLINARY ACTION

As a member of management, supervisors will be in the position to enforce the Safety Policies in this manual.

4. SAFETY ORIENTATION

4.1 NEW COMPANY EMPLOYEE ORIENTATION

1. All new workers will receive safety orientation, no later than the first workday on the job.
2. In addition to orientation material made available, each supervisor must explain the safety criteria for individual jobs.

4.2 COMPANY EMPLOYEE SAFETY ORIENTATION GUIDELINE

Each supervisor is responsible to discuss with each new employee the following items in their entirety. Each of the following elements should be reviewed with each employee personally by either reading or general discussion, unless other means are available.

4.3 SAFETY POLICY

Located in the front of the Safety Manual, review with each COMPANY employee.

4.4 EMPLOYEE RESPONSIBILITIES FOR SAFETY

All COMPANY employees are required, as a condition of employment and as outlined in the OSHA regulations, to develop and exercise safe work habits in the course of their work to prevent injuries to themselves and their fellow workers. It is the policy of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC** that all employees shall:

1. Immediately report to their supervisor, all accidents, near misses and injuries, no matter how slight occurring within the course of their employment.
2. Cooperate with and assist in investigation of accidents to identify correctable causes and to prevent recurrence.
3. Promptly report to their supervisor all unsafe actions, practices, or conditions they observe.
4. Become familiar with and observe approved safe work procedures during the course of their work activities.
5. Keep work areas clean and orderly at all times.
6. Avoid engaging in any horseplay and avoid distracting others.
7. Obey all safety rules and follow published work instructions.
8. Wear personal protective equipment when working in hazardous operations area, and/or as required by the supervisor.
9. Inspect all equipment prior to use and report any unsafe conditions to their immediate supervisor.
10. Submit any suggestions for accident prevention, without fear of reprisal, to their immediate supervisor, which may assist in improved working conditions or work practices.

4.5 USE OF EQUIPMENT

We have established special guidelines for the use of special equipment. Only trained and authorized employees are permitted to operate this equipment.

4.6 FIRST AID EQUIPMENT

First Aid supplies are kept in the Office. Should you have an injury, no matter how slight, report it to your supervisor immediately. With minor injuries it is important to reduce the potential of infection or more serious complications by reporting the incident immediately.

4.7 FIRST AID RESPONDERS

All employees are also encouraged to become first aid trained as a benefit to themselves and their families.

4.8 EMPLOYEE CONDUCT

The company has established and endorsed various rules and regulations for the safety of their employees. However, sometimes it is necessary to impose sanctions or restrictions on an employee who is not following proper work procedures, safety procedures or other elements of stated policy.

Each supervisor is held accountable for their employee's proper work performance. Thus, it is the supervisor's responsibility to hold the employee accountable for their performance.

4.9 ALCOHOL AND DRUG ABUSE POLICY

The organization has established an "alcohol and drug abuse policy" for the protection of its workforce and resources. No one is permitted on a site that may be using, selling, or handling alcohol or drugs. Employees suspected of being "under the influence" are subject to search and screening.

4.10 HAZARD COMMUNICATION

The use of hazardous chemicals may be a part of some jobs. On any job where it is known to have hazardous chemicals or employees are required to work with hazardous chemicals, the employees will be instructed in the "HAZMAT Training" program. The purpose of the program is to inform and train employees how to work safely with hazardous chemicals.

4.11 SANITATION AND PERSONAL HYGIENE

Employees are encouraged to maintain good personal hygiene.

4.12 SPECIAL CHEMICAL HAZARDS

Certain other chemicals used on the job are "extremely hazardous". Most employees will not be exposed to them during normal operations or work. However, your supervisor will provide you with special information to safely handle these chemicals should it be necessary that an employee work with the chemicals or on equipment that is exposed to them.

4.13 SPECIAL TRAINING

Special safety training in the use of equipment, new procedures, new equipment, or other items may be required periodically. Any employees involved in these jobs or equipment use will be required to complete this special training prior to beginning the job (Certification); same and conduct under supervision of SEFEPA.

4.14 PERSONAL PROTECTIVE EQUIPMENT

Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition. Refer to Chapter 20.

4.15 CODE OF SAFE PRACTICES

The purpose of the Code of Safe Practices is to assist you in making safety a regular part of your work habits. This is a minimum guide to help identify your responsibility for safety. Your supervisor is obligated to hold you responsible for your safety by enforcing these rules and by providing you a safe place to work.

1. I will immediately report to my supervisor all accidents or near misses, and injuries, no matter how slight, that may occur on the job.
2. I will cooperate with and assist in investigation of accidents to identify the causes and to prevent recurrence.
3. I will promptly report to my supervisor all unsafe acts, practices, or conditions that I observe.
4. I will become familiar with and observe safe work procedures during my work activities.
5. I will always keep my work areas clean and orderly.

6. I will avoid engaging in any horseplay and avoid distracting others.
7. I will adhere to all safety rules and follow published work instructions.
8. I will wear personal protective equipment when working in hazardous areas, and/or as required by my supervisor.
9. I will inspect all equipment prior to use and report any unsafe conditions to my immediate supervisor.
10. I will submit any suggestions for accident prevention, which may assist in improved working conditions or work practices to my immediate superior.
11. I will smoke in authorized locations only.
12. I will not bring onto the job, have in my possession or in my car, any weapons or ammunition of any kind.
13. I will not have in my possession, use, or introduce any intoxicating liquor or illegal drugs on any customer's property or work area or facility, or I will accept possible discharge for these illegal actions.
14. I will not come to work under the influence of intoxicating liquor or illegal drugs and realize that I will not be allowed to start work and may be immediately discharged for this action.

I HAVE READ AND UNDERSTAND THE ABOVE ITEMS AND REALIZE THAT FAILURE TO FOLLOW THESE RULES MAY BE GROUNDS FOR DISMISSAL.

4.16 VISITOR/CONTRACTOR SAFETY POLICY

PET Terminal incorporates and enforces all applicable federal and state laws, DOT, USCG and OSHA regulations, and all rules determined by PET Terminal LLC. All applicable rules and regulations must be adhered to while at this facility. Failure to adhere to any applicable rules and regulations will result in corresponding action as determined by PET Terminals management and/or appropriate governing body.

The HSE Manager should be advised of all the person(s) scheduled to visit PET terminal. All visitors including contractors must be checked at the entrance gate by security and escorted to the office, the sponsor is responsible to notify the HSE Manager to conduct the visitor/contractor safety familiarization and provide the PPE if needed.

Terminal Security Rules, to be observed by all visitors:

- No unauthorized passengers or personnel permitted.
- All visitors must meet facility ID requirements.
- No Firearms allowed on PET Terminal property under any circumstances, except

government authorities.

- No photography of any kind is permitted on terminal, unless approved by PET Terminal Management, United States Customs and Border Protection, United States Coast Guard, and/or other Dept. of Homeland Security agency. Failure to adhere to this policy will result in the immediate suspension of privilege to enter the facility.
- Smoking in Designated Areas "ONLY" in the facility.
- Public urination/defecation is strictly prohibited. Failure to adhere will result in permanent revocation of privilege to access facility. Use Portable Toilets in the facility.
- Terminal Speed Limit is 15 MPH.
- Required PPE strictly enforced: (Safety Vest, Shoes & Hard Hat under suspended loads).
- Seatbelt is required while operating vehicle and/or machinery.
- Cannot use/wear any type of device that could impair hearing while vehicle is in motion. This includes, but is not limited to, any type of earpiece, cell phone, CB radio, or other mobile communication device while operating a vehicle. Strongly encouraged to have window(s) rolled down while being loaded/unloaded to ensure communications can be heard.
- Remain inside cab unless in areas specifically designated for foot traffic. These areas are as follows:
 - Yard: empty inspection area, restrooms (utilizing the designated pedestrian walkway marked)
 - Gate: Designated safe areas indicated with corresponding signage and k-rail barriers (prior to the gate scales).
- No walking or driving between container stacks or rows.
- May not leave vehicle running or unattended.
- Do not drive, stand, walk under and/or touch any part of a suspended container.
- Slow down at intersections, blind spots, and any time your vision is obstructed.
- No tailgating.
- Do not climb on any terminal equipment.
- Follow the traffic patterns, traffic flow and service lane as marked, must come to a complete stop at all posted and painted stop signs.
- Must come to a complete stop while being loaded or unloaded.

RECORD

The Visitor/Contractor Safety Familiarization form should be completed by all visitors/contractors & filed electronically for a period of one calendar year, after that period a new form must be completed; if an incident happens, it should be part of the incident report and kept accordingly. Security shall be in charge of maintaining these files.

4.17 VISITOR & CONTRACTOR SAFETY FAMILIARIZATION CHECKLIST



Name:		
Company:		
Sponsor:		
Date:		

	Remarks	Initials
Safety & Environmental		
Emergency Evacuation Procedures		
Medical Emergencies		
PPE Use (Safety Vest/Hard Hat/Footwear)		
Emergency Contact Person		
Smoking Policy - Designated Areas		
Security & Access Procedures		
TWIC & Port ID		
Driving Policy/Traffic Flow/Seatbelt Use		
Environmental Policy		
Accident/Incident Reporting		
Public Bathroom/Portable Toilets location		
Signature:		
Approved by:		

HSE Manager

5. EMERGENCY PROCEDURES

5.1 PROCEDURE

Planning for Emergencies:

The company, under the direction of the HSE Manager and/or their designate, will establish an emergency plan and will be in charge of:

1. Supervising the development of plans and coordinating the planning with appropriate authorities.
2. Setting up cooperative emergency plans and arrangements with the customer's plans, if any.
3. Consulting with local police and fire department as applicable.
4. Putting the basic procedures in written form.
5. Keeping the plans simple and up to date.
6. Arranging for special training of employees as needed.
7. Instructing personnel in the company, in their responsibilities in case of fire or any emergency.

5.2 GENERAL EMERGENCY PROCEDURE GUIDELINES

The HSE Manager and/or their designate will follow the Emergency Procedure guidelines listed below, at minimum, when completing the procedures for the company. The following procedures, when appropriate, can be established for any job as may be applicable or amended as necessary to meet their needs.

EMERGENCY ACTION PLAN

5.3 NOTIFICATION

The person first encountering the emergency condition should notify the proper authority and give the LOCATION and DESCRIPTION of the emergency. (See the "Site Emergency Phone List" section 5.15) Upon verification of the need to evacuate the facility, the evacuation signal must be announced via RADIO first then follow up calls if applicable.

5.4 FIRE EMERGENCY, EXPLOSION, OR CHEMICAL SPILL

If a fire is discovered or an explosion occurs, the supervisor must:

1. Remove their people from the immediate area of the fire and evacuate to the **pre-designated safe area**.
2. Sound the alarm and call 911 as instructed, stating the location of the fire and what is burning or the actual emergency. Then notify the Emergency Officer (see Sec 5.5).

3. Assign an employee to meet and direct the fire department to the location of the fire.
4. Make a head count of employees at the assigned assembly area to ensure that they are all there.
5. Return to the fire and attempt to extinguish it **only if you have been trained to do so.**
6. Notify the HSE Manager and/or their designate and the Senior Operations Manager immediately of any fire that involves personnel, equipment, or liability.

If a chemical spill occurs, in addition to the above steps make every effort to contain the spill to as small area as possible without further endangerment to human health or the environment. The Spill Containment Tank should be use and the Spill Plan put in action accordingly.

5.5 EMERGENCY OFFICER'S RESPONSIBILITIES

Whenever there is an imminent or actual emergency at the **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC's** buildings/facility, the Emergency Officer or the alternate shall immediately:

1. Notify all personnel and evacuate the buildings.
2. Notify the Fire Department and Broward Sheriff's Office.
3. Make every reasonable effort to contain the fire or chemical spill to as small an area as possible, and keep incompatible chemicals separated without further endangerment to human health or the environment.
4. Identify what caused the emergency (which chemical or fire), exact source, and amount of released material.
5. Assess all possible hazards to human health or the environment, considering direct and indirect effects of the release, fire or explosion, such as toxic or irritating gases, water runoff from chemical agents used to control the emergency, etc.

5.6 EMERGENCY CONTINGENCY PLAN

If the emergency situation could threaten human health or the environment, and assessment indicates evacuation of the local areas is advisable, contact the FIRE DEPARTMENT @ 911 immediately and assist them however possible.

1. When the emergency situation is under control, cleanup or neutralization can begin using appropriate tools, safety equipment, and outside services as necessary, depending on the type of emergency. All hazardous materials must be cleaned up, stored properly, or hauled to an appropriate dump site for disposal.

2. Before normal operations begin again, all tools, emergency equipment and devices listed on the Emergency Equipment List must be operational and ready for use.

EMERGENCY OFFICERS

NAME	Eric Alexander
CELL#	305-218-7568
NAME	Anna Silva
CELL#	786-863-9077

One of the Emergency Officers will be available at all times. The Primary Officer is to notify the Secondary Officer if they will be out of town, on vacation, etc.

FIRE PREVENTION AND EMERGENCY PREPAREDNESS

5.8 FIRE AND EXPLOSION PREVENTION

Each manager will be responsible for the following fire prevention activities:

1. Make routine inspections of fire prevention and protection systems regularly and keep in good operating condition.
2. Review evacuation routes, as applicable with employees on a regular basis for each work area. Follow the designated routes and know the pre-designated safe areas previously established.
3. Train key employees, if necessary, in the use of fire protection equipment (extinguishers, hose, etc.).
4. Be familiar with known hazards that may affect your operations inside and outside any building.
5. Coordinate with the public fire department on pre-fire plans, training and evacuation procedures, as they may apply.

5.9 FLAMMABLE AND COMBUSTIBLE LIQUID AND MATERIALS

1. Flammable liquid containers must be clearly labeled and stored in a protected, separate area.
2. Flammable liquids must be used only in small quantities and in **approved (UL or FM)**, self-closing containers.
3. Do not refuel a hot or running engine. Clean up spills before restarting.

4. Never use gasoline as a cleaner or solvent. Anyone who may do so is subject to immediate discharge.
5. Only use approved containers for the transportation of flammable liquids, especially gasoline.
6. Never use air or machines to pump flammables out of barrels.

5.10 FIRE PROTECTION GENERAL REQUIREMENTS

1. Portable fire extinguishers must be maintained in a fully charged and operable condition and always kept in their designated places when they are not being used.
2. Extinguishers must be conspicuously located where they will be readily accessible and immediately available for use.
3. The selection of fire extinguishers for a given situation will depend upon the characteristics of a potential fire, the construction and occupancy of the individual property, the vehicle or hazard to be protected, ambient-temperature conditions, and other factors.
4. The number of extinguishers required must be determined by reference to the layout criteria included in this manual.
5. Only UL or FM approved fire extinguishers are permitted.
6. All welding work must have a capable "fire watch" assigned to the area to monitor for and prevent fires. Fire watch duties are performed by welders, supervisor & security.
7. All fire extinguishers are to be kept at their designated locations.
8. Access to extinguishers, sprinkler risers, switch boxes, fire alarms, and exits are to always be kept clear and unobstructed.
9. Fire doors are not to be blocked and must always be in operating condition.
10. Any damaged or apparently used fire protection equipment must be promptly reported to the area supervisor.

5.11 MAINTENANCE

1. At regular intervals, not less than annually, or when specifically indicated by an inspection, extinguishers must be thoroughly examined and/or recharged or repaired to ensure operability and safety, or replaced as needed. (Inspections are performed monthly)
2. Extinguishers removed from their locations to be recharged must be replaced by spare extinguishers during the period they are gone.
3. Each extinguisher must have a durable tag securely attached to show the maintenance or recharge date and the initial or signature of the person who performs this service.

5.12 FIRE PREVENTION

This procedure outlines types, location, and use of containers for trash, scrap metal, and similar materials.

5.13 SCRAP RECEPTACLE - TYPE, LOCATION AND USE

This procedure outlines types, location, and use of containers for trash, scrap metal, and similar materials.

Type

1. All receptacles must be constructed of metal or other suitable type containers of non-flammable materials.
2. Paper or pasteboard cartons, wooden boxes or crates, and similar type containers must not be used for collection of combustible materials.
3. Receptacles, located outside of buildings, for combustible trash must be located at least 15 feet from the building or combustible materials.

Use

1. Employees must be instructed to use trash receptacles for the disposal for paper, lunch, remnants, and all small scraps of a combustible nature.
2. Cigarette and cigar butts, matches, etc., should never be thrown in trash receptacles.
3. Glass (broken, empty jars, etc.), scrap metal, and similar material should be placed in special trash containers or wrapped in paper before being placed in the trash.

5.14 SPECIFIC HAZARDS

Smoking

Smoking is permitted in designated areas only. Don't use ashtrays as waste paper receptacles, or don't use waste paper receptacles as ashtrays.

Electrical

Make sure that all electrical cords are not frayed and that the connections with the receptacles and the machinery are intact. Do not overload wiring. If cords become warm, this is the first sign of a possible overload.

Housekeeping

1. Don't allow excess paper or combustible products to pile up in the open, near equipment, or buildings.
2. Don't allow materials or boxes to be placed in the way of exit travel.
3. Keep material away from access to electrical panels.

5.15 SITE EMERGENCY TELEPHONE LIST (PET)

COMPANY NAME: Florida Stevedoring Inc. & Port Everglades Terminal LLC.

4200 McIntosh Road

Hollywood, FL 33315

Phone : (954) 524-7520 Fax: (954) 524-9901

MAIN Office	<u>Port Everglades Terminal LLC.</u>
Fire Department	<u>911</u>
Local Law Enforcement Agencies	<u>911</u>
Local Hospital	<u>Broward General</u>
Broward County Hazardous Materials Management Division	<u>911</u>
Chemical Transportation Emergency Center (CHEMTREC 24 hour hotline)	<u>1-800-424-9300</u>
Florida Power & Light (FPL)	<u>1-800-4-OUTAGE (1-800-468-8243)</u>
Fort Lauderdale Water & Sewer	<u>954-828-8000</u>
Poison Control Center	<u>(800) 222-1222</u>
National Response Center	<u>954-957-7271 24 HR LINE: 1-800-899-4672</u>
US Coast Guard Station Fort Lauderdale	<u>(954) 927-1611</u>
OSHA office	<u>(954) 424-0242</u>
Name and title of senior manager,	<u>Javier Miranda – Director of Operations</u>
Name, HSE Manager	<u>Anna Silva</u>

5.16 FIRE AND EMERGENCY ACTION PLAN

What to know before disasters

An emergency action plan should include evacuation procedures, drills and training.
Before disaster strikes, you should:

- Become familiar with your company's evacuation plan
- Know the pathway to at least two emergency exits from every room or area in the building
- Recognize and know the sound or signal for fire/evacuation alarms
- Register in advance with the HSE manager if you have a disability and will need assistance
- Know where the fire alarms are located and how to use them
- Never block emergency exits or exit routes with storage materials, and report damaged or malfunctioning fire/evacuation alarms.

How to evacuate safely

When the fire alarm sounds or there's an order to evacuate, you should go directly to the nearest fire or smoke-free exit or stairwell, report to the designated meeting place and re-enter the building only after directed by authorities

What to do if trapped

If you're trapped by smoke or fire, there are still steps you can take to protect yourself. You should:

- Go to a room with an outside window and call for help
- Open windows, if possible, but be ready to shut them if smoke enters, and stuff clothing, newspapers or towels under doors to prevent smoke from entering the room

Never use the elevator

In case of an emergency, always evacuate via the stairs and *never* the elevator.

If the stairwells are filled with smoke, stay on your floor, call the fire department and let them know your location.

Alert firefighters

If trapped, stay by the window and wave a flashlight or light-colored cloth to alert firefighters. Never break a window –it will allow fire smoke to enter the room, which is toxic and deadly.

6. ACCIDENT/LOSS REPORTING PROCEDURES

6.1 PROCEDURE

GENERAL REQUIREMENTS

Immediate reporting of any accident or loss is mandatory. The supervisor must thoroughly investigate the cause of each accident or loss occurring within their area of operation and record their findings and recommendations on the appropriate reporting form(s). The office copy should be critically reviewed and signed by the HSE Manager and/or their designate, where applicable.

REPORTING EMPLOYEE INJURIES

1. Regardless of the degree of injury, the employee must immediately report to their supervisor that they were injured.
First aid/medical treatment will be provided or arranged for by the supervisor. If necessary, the injured employee will be taken to the designated medical facility as applicable.
2. The supervisor must complete the "ACCIDENT INVESTIGATION REPORT" within 24 hours. Once the supervisor is told by the employee or is aware of the work-related injury, it must be reported within 24 hours even if they think that the injury:
 - a. Is minor;
 - b. Or might have been caused by unsafe actions such as inattention;
 - c. Or was caused by negligence;
 - d. Or aggravated an old injury;
 - e. Or is not work-related.If the supervisor thinks any of the above items are applicable, it should be stated on the report forms. **AT NO TIME SHOULD A SUPERVISOR WITHHOLD OR HINDER THE FILING OF AN EMPLOYEE INJURY REPORT TO THE OFFICE.**
3. A supervisor must not allow an employee to return to work after an occupational injury or occupational illness unless they receive a signed authorization to return to work from the treating physician. If the injured employee has been off work for more than 30 calendar days and is a non-sedentary position, they will be required to take a special physical exam. **Upon their return to work, every attempt will be made to put employees to work within the limitations specified by the treating physician.**
4. Because of the complexity of worker's compensation laws, rules and procedures, the supervisor should not attempt to answer any

questions about workers' compensation insurance. Refer the injured employee to the human resources office.

6.2 SERIOUS EMERGENCY REPORTING

Serious emergencies are accidents that are life threatening or require more than routine first aid. If it is necessary to call for emergency medical service and transportation outside of the facility, by dialing the number **911**, tell them you have a **serious accident**. Describe the nature of the accident, i.e. burn, fall, electrical shock, cut, etc.

Tell them the **accident location**. Give them directions to the accident site, especially the specific location. If the location is difficult to find, send an employee to meet and direct emergency vehicles.

Insist on an immediate response. Note the time you called and with whom you talked. Make sure transportation for the injured to a doctor or a hospital is immediately dispatched. Give the doctor and/or hospital notice that the injured is in transit to them.

Attend to the injured. Make sure that there is no chance of further injury to the injured employee or anyone else. Provide immediate first aid as necessary until the emergency personnel arrive.

Clear and secure the area so that emergency treatment can be administered to the employee and there is clear access to the accident site for emergency vehicles and personnel.

After the injured has been removed from the area, rope off the area and do not allow access to anyone until completion of all investigations, and authorization to proceed by the HSE Manager and/or their designate.

Report to the office any sudden severe illness or injury occurring to employees during regular hours requiring **EMERGENCY MEDICAL TREATMENT** (such as possible heart attacks, strokes, seizures, fainting, serious injuries, etc.). These must be reported to the HSE Manager and/or their designate **by telephone** as soon as possible. HSE Manager should then contact the family of the injured employee.

OSHA NOTIFICATION. Within eight (8) hours after the death of any employee as a result of a work-related incident, we must report the fatality to the Occupational Safety and Health Administration (OSHA). Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, we must report the in-patient hospitalization, amputation, or loss of an eye to OSHA.

6.3 HANDLING NON-SERIOUS ACCIDENTS

Provide first aid for the injured employee. First aid supplies are available in the kit provided in the office.

Arrange for the employee to be seen by a doctor if there is any question that the first aid treatment may not be adequate. If the employee receives medical treatment they may not return to work unless they have a release from the doctor or treatment center.

All non-serious accidents and injuries are warning signs that a serious accident may occur. Report all non-serious accidents (**see ACCIDENT REPORTING SECTION**) as soon as possible to the HSE Manager and/or their designate and the Office, but do not delay in taking corrective action at the site.

6.4 FIRST AID TREATMENT

The priority in the treatment of an injured employee is to obtain proper medical attention. In an extreme emergency, immediate first aid may be necessary. A first aid kit is kept on the premises (1st floor of office) along with an AED machine.

6.5 PROPERTY/EQUIPMENT DAMAGE

When property or equipment, including vehicles, is damaged or stolen, the "ACCIDENT INVESTIGATION REPORT" should be used and filled out immediately.

6.6 VEHICLE ACCIDENT REPORTING

1. When an employee is involved in a collision with a third party while operating a company vehicle during business hours, they must call the police to the scene for investigation. Supervision must not interfere with police investigation.
2. The supervisor of the employee must also investigate the collision and complete the appropriate "ACCIDENT INVESTIGATION REPORT" within 24 hours.
3. All staff must follow Section 14: Motor Vehicles Operations.

6.7 CITIZEN/PUBLIC ACCIDENTS (NON-AUTO)

Public accidents must be reported to the HSE Manager and/or their designate within 24 hours of the time the incident occurred. The "Accident Investigation Report" form should also be completed within 24 hours. However, when there is a serious injury, it must be reported by telephone immediately and followed by the reports listed above.

6.8 ACCIDENT INVESTIGATION REPORT

This report is to be used for the reporting or investigation of serious employee accidents/injuries, accidents involving property damage, vehicle accidents, and any other type of incident.

6.9 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL ILLNESS

1. This form will be used by the office when filing an employee injury report under Workers' Compensation. (form # LS-202)
2. The information supplied by the supervisor on the "ACCIDENT INVESTIGATION REPORT" will be placed into the file. Also, the information available on the medical reports and personnel records will be included.
3. It is imperative that any employee who has an injury, no matter how slight, be given this form by the Supervisor to fill out and return. Should we fail to provide the form, Workers' Compensation benefits will be increased and will be subject to reprimand.

6.10 RECORDKEEPING

All accidents or injuries of any type must be recorded, logged, and filed in their respective office and personnel folders as may be applicable.

6.11 EMPLOYEE INJURIES

1. OSHA LOG OF RECORDABLE INJURIES

When an injury occurs which is more than a first aid injury (See definition below), this would be classified as a "recordable injury" by OSHA definition. This log of injuries will be maintained by HSE Manager and/or their designate on the OSHA log (see OSHA Record-keeping Guidelines).

(NOTE: A "FIRST AID" injury is one which only minor injuries occur and which can normally be handled by a trained first aid person. This also includes initial treatment and a one-time follow-up visit even if treated by a physician. However, once prescription medication is provided or stitches are required, the injury is then required to be classified as a "recordable injury" per OSHA.)

2. FIRST REPORT OF INJURY

A copy of the "First Report of Injury" form (OSHA Form LS-202) must be attached to the Supervisor's "Accident Investigation Report" for all accidents entered on the OSHA log by HSE Manager and/or their designate and must be retained for at least 8 years.

7. ACCIDENT INVESTIGATION

7.1 ALL ACCIDENTS MUST BE INVESTIGATED BY THE SUPERVISOR OR HSE MANAGER

A supervisor's Accident Investigation Report form must be filled out, signed by the supervisor, and then sent to the HSE Manager and/or their designate for each and every accident.

The main purpose of the investigation is not to determine who was at fault, but to understand what occurred and how to prevent it from happening again.

A sample copy of the Supervisor's Accident Investigation Report has been included in this manual. Additional copies are available from the HSE Manager and/or their designate or the office.

7.2 EMPLOYEE ACCIDENTS

All accidents regardless of whether they result in injury should be thoroughly investigated by the employee's immediate Supervisor and reported to the Safety Office within **24 hours**. This should include "near miss" accidents. The investigation should be extensive enough to allow the Supervisor to suggest practical corrective action.

A written report should be made which includes:

1. Injured employee's statement concerning the accident.
2. Statements from other witnesses.
3. Complete description of the accident including the type of work in which the employee was involved.
4. Evaluation of unsafe conditions and acts.
5. Recommendations for action to prevent similar accidents.

7.3 CHECK THE SCENE

1. Begin where the accident occurred. The first step is to carefully examine where the injury occurred.
2. Reconstruct as much as possible the chain of events leading up to the injury and attempt to determine the single event that caused the injury. Have the employee tell you what happened. If necessary, have them show you where the injury occurred. **DO NOT** let them do the part of the incident that resulted in the injury.
3. Draw a diagram of the location if it will be helpful in arriving at a conclusion.

4. Sketch in machinery, equipment and any other nearby physical objects, together with the places where witnesses were standing.

7.4 WRITE IT DOWN

1. Make notes on all facts that may relate to the cause of the injury. As an example: employee had complained of dizziness or employee had not used proper equipment, etc.
2. Write down any procedure used, i.e. unsafe act, or unsafe procedure, etc.
3. Write down any unsafe conditions in the work area, i.e. defective tools or faulty equipment noted.
4. Write down other items such as: the time of your investigation, the lighting conditions, the weather conditions, if pertinent a description of supplementary evidence, and conversations having a bearing on the case.

7.5 COLLECT THE EVIDENCE

If an injury or near miss occurs when machine parts or structures fail, it is essential to determine what failed and why. This can frequently be done without laboratory analysis and corrective action can be initiated without great expense. If, however, a detailed study is determined to be essential, then all components must be collected and submitted for study immediately if cost of analysis is economically feasible.

7.6 INTERVIEW WITNESS

It is important to interview witnesses at the scene or as soon thereafter as possible. Make brief notes and identify who gave the information.

7.7 INTERVIEW THE VICTIM

1. Timing is important. If the injury is minor, the interview should be made as soon as the investigation of the scene and a review of the medical report are complete.
2. If the injury is serious, selecting the right time is a judgment factor. Too soon afterward and the victim may be confused and inaccurate; waiting too long may cause them to be cautious and evasive. Let the employee tell the story as they wish without actual interrogation, but a complete picture should be encouraged. The interview must be complete, and it may be necessary to question the employee or witnesses several times in order to verify information and stories.

7.8 WEIGH THE EVIDENCE

1. It is essential to eliminate any inconsistencies in the testimony of the injured or witnesses even if further questioning is required.

2. When assembled, all facts should be reviewed for completeness before submission on the "Accident Investigation Report" Form to the Office.

8. SAFETY INSPECTIONS/HAZARD CORRECTION PROCEDURES

8.1 INSPECTIONS & HAZARD CORRECTION

It is the responsibility of every employee to assist in the identification of hazardous conditions, or unsafe actions of employees, to prevent losses and injury. These are also key responsibilities on the part of every supervisor in conducting their everyday duties.

The following procedure outlines the role of all employees for hazard recognition:

8.2 PURPOSE

To establish a plan for the systematic recognition and control of workplace hazards (unsafe acts and conditions) through periodic safety surveys.

8.3 OBJECTIVE

1. Eliminate or control unsafe acts and conditions before they result in accidents or exposures that may produce injury and/or damage.
2. Stimulate regular employee hazard detection and control activity.
3. Provide a mechanism for employees to formally report hazards and to make safety recommendations.

8.4 PROCEDURE

DEFINITIONS

1. **Hazard** - An unsafe act or unsafe condition that may cause an exposure, accident or injury.
2. **Unsafe act** - Means not following proper work procedures or the violation of the safety rules. It is what the employee did or failed to do that has or could have resulted in an exposure or accident.
3. **Unsafe condition** - Any condition that poses or constitutes an unreasonable hazard or risk to life, limb, or health of any person.

8.5 PROGRAM PHILOSOPHY

It is the responsibility of **all** employees to identify any hazardous condition on the job. However, it is each supervisor's responsibility to make a planned systematic daily survey of their area for hazard detection and control.

Thoughtful preparation for hazard detection produces a greater likelihood of identifying **critical (high-risk)** hazards. It is generally the more obscure high-risk hazard that produces the severe injuries and illnesses. The supervisor of the employee performing the work is in the best position to detect and control high risk,

unsafe acts.

8.6 HAZARD RECOGNITION AND CONTROL

1. **Minimum Action Standard** - At least monthly, the actions listed below should be incorporated into each supervisor's work activities. It is their responsibility to monitor the job for unsafe acts or unsafe conditions by implementing the following actions:
 - a. Conduct observations of employees performing job/task, record any unsafe acts and take the required hazard control action.
 - b. Make a survey of work areas, machines, equipment, or other elements to identify any unsafe condition and take any required hazard control action.
 - c. Record and act on any unsafe acts or unsafe conditions brought to their attention by others.
2. **Corrective Action** - When any unsafe act or unsafe condition is observed, it requires that the supervisor take one or more of the following actions within **24 hours** after identifying and recording a hazard:
 - a. **Eliminate or control** the detected hazard. Always take **IMMEDIATE TEMPORARY CONTROL (ITC)** action. For those hazards that cannot be immediately controlled or eliminated, the action necessary for correction should be documented with a date established for completion. Complete the "CORRECTIVE AND PREVENTATIVE ACTION" (CAPA) in the EHS platform for follow-up, for those hazards that cannot be controlled within 24 hours. A copy of this report is available to the HSE Manager and/or their designate who will maintain a log of incomplete items, which will be reviewed monthly. Any item that has not been corrected will be identified in the review of inspection items at that time.
Imminent Danger: Should an imminent danger be associated with any job, the hazard must be immediately corrected before work continues or the job shut down and all personnel removed from the area until corrected. If it is necessary for personnel to enter the area of "imminent danger" to correct the hazard, then only the minimum numbers of personnel necessary are permitted to re-enter the area using extreme caution and with the necessary safeguards, protective equipment, and provisions that will minimize their exposure to the hazard.

- b. Schedule for correction those hazards, which may require more than 24 hours for control and provide protection against the hazards until they are corrected.
- c. **Pass to higher supervision** all hazards, which may require assistance due to limitations of responsibility or authority. The supervisor will retain the responsibility for follow-up and corrective action until the hazard is corrected.
The CAPA form should be used for this purpose.

8.7 EMPLOYEE PARTICIPATION

- 1. Each supervisor should encourage employees to bring hazards to their attention without fear of reprisals. When an employee advises the supervisor of a hazard, the supervisor should immediately record the hazard and note the employee's name on the CAPA as the employee's views on the significance or urgency of the hazard in question to avoid any possible misconceptions concerning control timing. After the supervisor has evaluated and/or controlled the hazard, they should personally advise the employee of what action was taken.
- 2. In the event the supervisor and the employee differ regarding the existence of a hazard and, in the supervisor's best judgment, no action is necessary, the following steps should be taken:
 - a. Avoid any rejecting comments during the initial contact.
 - b. Provide impersonal, objective reasons for the rejection after review.
 - c. If the employee persists, review the question with the HSE Manager and/or their designate for final disposition.

8.8 WORK OBSERVATION

Work observation involves determining whether employees are performing their work (duties) safely. The intent is to conduct a planned observation, i.e. to observe the employee(s) at work; what job/task are being done and when, etc. for unsafe practices rather than mere casual looking. Among other benefits, the technique is excellent for identifying whether employees are following the general safety rules or the job safety procedures.

Work Observation can be found on the EHS platform under "Forms".

TARGETS OF OBSERVATION

TYPES OF EMPLOYEES	OBSERVATION PROCESS
1. Inexperienced employee	1. Prepare
2. Accident repeater	2. Conduct observation
3. Chronic unsafe behavior	3. Mental notes

4. Poor performer	4. Contact employee
5. Troubled employee	5. Record results
6. Unusual/infrequent jobs	6. Follow-up
WHAT TO OBSERVE FOR	MODIFYING UNSAFE BEHAVIOR
1. Positions of employees	1. Re-instruction
2. Actions of employees	2. Education/training
3. Tools/Equipment	3. Reasoning/persuasion
4. Protective equipment	4. Counseling
5. Work methods/procedures	5. Warning/reprimand
6. Orderliness	6. Discipline

9. WORKPLACE VIOLENCE

9.1 OBJECTIVE

Port Everglades Terminal LLC provides a safe workplace for all employees. To ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence policy.

9.2 PROHIBITED CONDUCT

Port Everglades Terminal LLC does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. This list of behaviors provides examples of conduct that is prohibited:

- Causing physical injury to another person.
- Making threatening remarks.
- Displaying aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
- Intentionally damaging employer property or property of another employee.
- Possessing a weapon while on company property or while on company business.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

9.3 REPORTING PROCEDURES

Any potentially dangerous situations must be immediately reported to a supervisor or security. Reports can be made anonymously, and all reported incidents will be investigated. Reports or incidents warranting confidentiality will be handled appropriately, and information will be disclosed to others only on a need-to-know basis. All parties involved in a situation will be counseled, and the results of investigations will be discussed with them. Port Everglades Terminal LLC will actively intervene at any indication of a possibly hostile or violent situation.

9.4 RISK REDUCTION MEASURES

Safety

Port Everglades Terminal LLC conducts annual inspections of the premises to evaluate and determine any vulnerabilities to workplace violence or hazards. Any necessary corrective action will be taken to reduce all risks.

Individual situations

Although Port Everglades Terminal LLC does not expect employees to be skilled at identifying potentially dangerous persons, employees are expected to exercise good judgment and to inform their supervisor or security if any employee exhibits behavior that could be a sign of a potentially dangerous situation. Such behavior includes:

- Discussing weapons or bringing them to the workplace.
- Displaying overt signs of extreme stress, resentment, hostility or anger.
- Making threatening remarks.
- Showing sudden or significant deterioration of performance.
- Displaying irrational or inappropriate behavior.

9.5 DANGEROUS/EMERGENCY SITUATIONS

Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual. Employees should remain calm, make constant eye contact and talk to the individual. If a supervisor can be safely notified of the need for assistance without endangering the safety of the employee or others, such notice should be given. Otherwise, employees should cooperate and follow the instructions given.

9.6 ENFORCEMENT

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. Nonemployees engaged in violent acts on the employer's premises will be reported to the proper authorities and fully prosecuted.

10. OSHA

10.1 OSHA REPORTS AND SPECIAL REQUIREMENTS

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC is classified as one of the employers that must keep occupation injury and illness records for their employees based under Recordkeeping Requirements under the Occupational Safety and Health Act", published by the State, Occupational Safety & Health Administration.

10.2 POSTING REQUIREMENTS

- ☐ OSHA Poster "Safety and Health Protection on the Job"
- ☐ EMERGENCY PHONE NUMBERS
- ☐ NOTICE OF WORKER'S COMPENSATION COMPANY
- ☐ PAYDAY NOTICE
- ☐ INDUSTRIAL WELFARE COMMISSION ORDERS
- ☐ UNEMPLOYMENT AND DISABILITY INSURANCE
- ☐ DISCRIMINATION ORDERS
- ☐ OSHA CITATIONS (Individual site location)

10.3 SAFETY RESOURCE SAFETY CENTER

SEFEPA
1588 Port Blvd
PORT OF MIAMI, FL 33132
Contact: Eddie Montoto
Off. Phone: 305-374-2374

For more information on consultation programs, contact the appropriate office in your state. <https://www.osha.gov/contactus/bystate/FL/areaoffice>

11. ELECTRICAL SAFETY

11.1 EXTENSION CORDS, DROP LIGHTS, PORTABLE HAND TOOLS

1. If any electrical equipment is in need of repair, it is the employee's responsibility to turn it in to their supervisor for the needed repairs.
2. No repairs should be made on electrical equipment other than by a competent electrical repairman.
3. It is the responsibility of each supervisor who has the equipment under their control to ensure that the equipment is returned when it is determined to be defective. No defective equipment should be used unless prior permission has been obtained.
4. Prior to issuing any portable electrical tools or equipment to employees, the supervisor will check the equipment to ensure that it is safe to use at that time.

11.2 ELECTRICALLY POWERED SHOP EQUIPMENT

1. All electrical powered shop equipment, which is rigidly wired from main switches to equipment, will be inspected on a regular basis. Any equipment found to be in an unsafe condition will be removed from service until repairs are made.
2. Grounding rods and attachments are required and must be used.

11.3 GROUNDING OF ALL EQUIPMENT

Upon installation of any electrical power service to any apparatus or device, grounding circuits will be run, attached, and inspected by a qualified electrician.

12. ELECTRICAL LOCKOUT/TAGOUT

29 CFR PART 1910.147 THE CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)

12.1 SCOPE

This standard covers the servicing and maintenance of machines and equipment in which the unexpected energization or start up of the machines or equipment, or release of stored energy could cause injury to employees. This standard establishes minimum performance requirements for the control of such hazardous energy.

This standard does not cover the following:

1. Construction, agriculture.
2. Installations under the exclusive control of electric utilities for the purpose of power generation, transmission, and distribution, including related equipment for communication or metering.
3. Exposure to electrical hazards from work on, near, or with conductors or equipment in electrical utilization installations, which is covered by Subpart S of this part.

Note: This standard and section is for FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL Facilities only.

12.2 APPLICATION

This standard applies to the control of energy during servicing and/or maintenance of machines and equipment.

Normal production operations are not covered by this standard. Servicing and/or maintenance which take place during normal production operations are covered by this standard only if:

1. An employee is required to remove or bypass a guard or other safety device.
2. An employee is required to place any part of their body into an area on a machine or piece of equipment where work is actually performed upon the material being processed (point of operation) or where an associated danger zone exists during a machine operating cycle.

12.3 PURPOSE

This section requires employers to establish a program and utilize procedures for affixing appropriate lockout/tagout devices to energy isolating devices, and to otherwise disable machines or equipment to prevent unexpected energization, start-up or release of stored energy in order to prevent injury to employees.

GENERAL

12.4 ENERGY CONTROL PROGRAM

The employer shall establish a program consisting of an energy control procedure and employee training to ensure that before any employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, start up, or release of stored energy could occur and cause injury, the machine or equipment shall be isolated, and rendered inoperative.

12.5 LOCKOUT/TAGOUT

If an energy-isolating device is not capable of being locked out, the employer's energy control program shall utilize a tagout system.

After October 31, 1989, whenever major replacement, repair, renovation or modification of machines or equipment is performed, and whenever new machines or equipment are installed, energy isolating devices for such machines or equipment shall be designed to accept a lockout device.

12.6 FULL EMPLOYEE PROTECTION

When a tagout device is used on an energy-isolating device that is capable of being locked out, the tagout device shall be attached at the same location that the lockout device would have been attached, and the employer shall demonstrate that the tagout program will provide a level of safety equivalent to that obtained by using a lockout program.

In demonstrating that a level of safety is achieved in the tagout program which is equivalent to the level of safety obtained by using a lockout program, the employer shall demonstrate full compliance with all tagout related provisions of this standard together with such additional elements as are necessary to provide the equivalent safety available from the use of a lockout device. Additional means to be considered as part of the demonstration of full employee protection shall include the implementation of additional safety measures such as removal of an isolating circuit element, blocking of a controlling switch, opening of an extra disconnecting device, or the removal of a valve handle to reduce the likelihood of inadvertent energization.

12.7 ENERGY CONTROL PROCEDURE

Procedures shall be developed, documented and utilized for the control of potentially hazardous energy when employees are engaged in the activities covered by this section.

The procedures shall clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous

energy, and the means to enforce compliance including, but not limited to, the following:

1. A specific statement of the intended use of the procedure.
2. Specific procedural steps for shutting down, isolating, blocking and securing machines or equipment to control hazardous energy.
3. Specific procedural steps for the placement, removal and transfer of lockout devices or tagout devices and the responsibility for them.
4. Specific requirements for testing a machine or equipment to determine and verify the effectiveness of lockout devices, tagout devices, and other energy control measures.

12.8 PROTECTIVE MATERIALS AND HARDWARE

Locks, tags, chains, wedges, key blocks, adapter pins, self-locking fasteners, or other hardware shall be provided by the employer for isolating, securing or blocking of machines or equipment from energy sources.

Lockout/Tagout devices shall be singularly identified; shall be the only device(s) used for controlling energy; shall not be used for other purposes; and shall meet the following requirements:

1. Durable

- a. Lockout/Tagout devices shall be capable of withstanding the environment to which they are exposed for the maximum period of time that exposure is expected.
- b. Tagout devices shall be constructed and printed so that exposure to weather conditions or wet and damp locations will not cause the tag to deteriorate or the message on the tag to become illegible.
- c. Tags shall not deteriorate when used in corrosive environments such as areas where acid and alkali chemicals are handled and stored.

2. Standardized

- a. Lockout/Tagout devices shall be standardized within the facility in at least one of the following criteria: Color; Shape; Size; and additionally, in the case of tagout devices, print and format shall be standardized.

3. Substantial

- a. Lockout devices shall be substantial enough to prevent removal without the use of excessive force or unusual techniques, such as with the use of bolt cutters or other metal cutting tools.
- b. Tagout devices including and their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal. Tagout device attachment means shall be of non-reusable type, attachable by hand, self locking, and non-releasable with a minimum

unlocking strength of no less than 50 pounds and having the general design and basic characteristics of being at least equivalent to a one piece, all-environment-tolerant nylon cable tie.

4. Identifiable

- a. Lockout/Tagout devices shall indicate the identity of the employee applying the device(s). Tagout devices shall warn against hazardous conditions if the machine or equipment is energized and shall include a legend such as: DO NOT START, DO NOT OPEN, DO NOT CLOSE, DO NOT ENERGIZE, AND/OR DO NOT OPERATE.

12.9 PERIODIC INSPECTIONS

The employer shall conduct a periodic inspection of the energy control procedure at least annually to ensure that the procedure and the requirements of this standard are being followed.

1. An authorized employee other than the one(s) utilizing the energy control procedure being inspected shall perform the periodic inspection.
2. The periodic inspection shall be designed to correct any deviations or inadequacies observed.
3. Where lockout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.
4. Where tagout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized and affected employee, of that employee's responsibilities under the energy control procedure being inspected.
5. The employer shall certify that the periodic inspections have been performed. The certification shall identify the machine or equipment on which the energy control procedure was being utilized, the date of the inspection, the employees included in the inspection, and the person performing the inspection.

12.10 ENERGY ISOLATION

Only authorized employees shall perform implementation of lockout or the tagout system.

12.11 NOTIFICATION OF EMPLOYEES

Affected employees shall be notified by the employer or authorized employee of the application and removal of lockout/tagout devices. Notification shall be given

before the controls are applied, and after they are removed from the machine or equipment.

LOCKOUT/TAGOUT POLICIES AND PROCEDURES

12.12 PURPOSE

This procedure establishes the minimum requirements for the lockout/tagout of energy isolating devices. It shall be used to ensure that the machine or equipment are isolated from all potentially hazardous energy, and locked out/tagged out before employees perform any servicing or maintenance activities where the unexpected energization, start-up or release of stored energy could cause injury (Type(s) and Magnitude(s) of Energy and Hazards).

12.13 RESPONSIBILITY

Appropriate employees shall be instructed in the safety significance of the lockout/tagout procedure. Each new or transferred affected employee and other employees whose work operations are or may be in the area shall be instructed in the purpose and use of the lockout/tagout procedure.

12.14 PREPARATION FOR LOCKOUT/TAGOUT

Make a survey to locate and identify all isolating devices to be certain which switch(s), valve(s) or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved.

12.15 SEQUENCE OF LOCKOUT/TAGOUT SYSTEM PROCEDURE

1. Notify all affected employees that a lockout/tagout system is going to be utilized and the reason therefore. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
2. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).
3. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
4. Lockout/Tagout the energy isolating devices with assigned individual lock(s) or tag(s) (Method(s) Selected; i.e.: Locks tags, additional safety measures, etc.).
5. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.

CAUTION: Return operating control(s) to "neutral" or "off" position after the test.

6. The equipment is now locked out or tagged out.

12.16 RESTORING MACHINES OR EQUIPMENT TO PRODUCTION OPERATIONS

1. After the servicing and/or maintenance are complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.
2. After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lockout/tagout devices to restore energy to the machine or equipment.

12.17 PROCEDURE INVOLVING MORE THAN ONE PERSON

In the preceding steps, if more than one individual is required to lockout/tagout equipment, each shall place their own personal lockout/tagout device on the energy isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout/tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet. As each person no longer needs to maintain their lockout protection, that person will remove their lock from the box or cabinet.

12.18 BASIC RULES FOR USING LOCKOUT/TAGOUT SYSTEM PROCEDURE

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

EQUIPMENT OR FACILITIES

12.19 LOCKOUT/TAGOUT SEQUENCE

1. The worker places the tag on all controls to warn others that the equipment is not to be operated. The worker writes the reason on the tag(s), identifies the equipment and dates and signs each tag.
2. The worker will pull power switches and/or circuit breakers and place a lockout clip(s) and a lock(s) on the controls to make them inoperative. Other power sources such as air, steam, or hydraulic may require blinding, disconnection, or valve locking.
3. After the worker has tagged and locked the equipment, the equipment should then be tried to assure that it will not operate.
4. All company locks and tags should be installed first and removed last, if possible.
5. When other workers are required to work on equipment, they must place their personal locks and tags on each piece of equipment.
6. All workers must "try" equipment after installing their personal locks to assure, once again that it will not start.
7. Locks and tags must remain on controls until work has been completed and it is safe to start the equipment. If maintenance or electrical work is to continue into the next shift,

persons going off shift must remove their "personal" lock and leave their tag on the equipment. Persons coming on shift must install their own personal lock(s) and tag(s) if they will be working on the equipment.

8. Upon completion of work, all other workers will remove their locks and tags first. All company locks and tags are to be removed last after it is determined that the equipment is safe to operate.

9. No equipment should be started by anyone (including bumping to check rotation) without permission from the HSE Manager and/or their designate or supervisor responsible for the equipment.

12.20 APPLICATION OF CONTROL

The established procedure for the implementation of lockout/tagout system procedures shall cover the following elements and actions and shall be done in the following sequence:

12.21 PREPARATION FOR SHUTDOWN

Before an authorized or affected employee turns off a machine or equipment, the authorized employee shall have knowledge of the type and magnitude of the energy, the hazards of the energy to be controlled, and the method or means to control the energy.

12.22 MACHINE OR EQUIPMENT SHUTDOWN

The machine or equipment shall be turned off or shut down using the procedures required by this standard. An orderly shutdown must be utilized to avoid any additional or increased hazard(s) to employees as a result of equipment de-energization.

12.23 MACHINE OR EQUIPMENT ISOLATION

All energy-isolating devices that are needed to control the energy to the machine or equipment shall be physically located and operated in such a manner as to isolate the machine or equipment from the energy source(s).

12.24 LOCKOUT OR TAGOUT DEVICE

Authorized employees shall affix lockout or Tag out devices to each energy-isolating device.

Lockout devices, where used, shall be affixed in a manner to that will hold the energy isolating devices in a "safe" or "off" position.

Tag out devices, where used, shall be affixed in such a manner as will clearly indicate that the operation or movement of energy isolating devices from the "safe" or "off" position is prohibited.

RELEASE FROM LOCKOUT OR TAGOUT

12.25 LOCKOUT/TAGOUT DEVICE REMOVAL

Each lockout/tag out device shall be removed from each isolating device by the employee who applied the device. The only exception is when the authorized employee is not available to remove it, that device may be removed under the direction of the employer, provided that specific procedures and training for such removal have been developed, documented, and incorporated into the employer's energy control program. The employer shall demonstrate that the specific procedure provides equivalent safety to the removal of the device by the authorized employee who applied it. The specific procedure shall include at least the following elements:

1. Verification by the employer that the authorized employee who applied the device is not at the facility.
2. Making all reasonable efforts to contact the authorized employee to inform them that their lockout/tag out device has been removed.
3. Ensuring that the authorized employee has this knowledge before he/she resumes work at that facility.

12.26 OUTSIDE PERSONNEL

1. Whenever outside servicing personnel are to be engaged in activities covered by the scope and application of this standard, the on-site employer shall inform each other of their respective lockout/tag out procedures.
2. The on-site employer shall ensure that their personnel understand and comply with restrictions and prohibitions of the outside employer's energy control procedures.

12.27 SHIFT OR PERSONNEL CHANGES

Specific procedures shall be utilized during shift or personnel changes to ensure the continuity of lockout/tag out protection, including provision for the orderly transfer of lockout/tag out devices between off-going and oncoming employees, to minimize exposure to hazards from the unexpected energization, start-up of the machine or equipment, or release of stored energy.

12.28 LOCKS

1. Only individual keyed locks will be used. The key will remain in the possession of the person placing the locks.
2. A master series of locks to be used specifically for lockout may be provided to each department that requires them. Master keys for the department will remain in the possession of the HSE Manager and/or their designate.

12.29 DANGER TAGS

Danger tags are not to be considered as a positive means of securing equipment, but are to be used in conjunction with locks. Tags will be used only to identify that work is being done on a valve, switch, or piece of equipment when injury or property damage could result from the operation. No work is to be done on any operable equipment until the operation of it is prevented by the use of this procedure.

12.30 WARNING

Any person who operates a switch or device to which a **"DANGER"** tag are **attached or removes** a tag without authorization will be subject to dismissal.

12.31 EMPLOYEE TRAINING:

All employees who are responsible for following this procedure must receive training in the procedure. This includes all employees who perform the following duties: maintenance, repair, or construction personnel, janitorial or clean-up personnel. The employer shall provide training to ensure that the purpose and function of the energy control program are understood by all employees and that the knowledge and skills required for the safe application, usage, and removal of energy controls are required by employees. The training shall include the following:

1. Each authorized employee shall receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means of necessary for energy isolation and control.
2. Each affected employee shall be instructed in the purpose and use of the energy control procedure.
3. All other employees whose work operations are or may be in an area where energy control procedures may be utilized, shall be instructed about the procedure, and about the prohibition relating to attempts to restart or re-energize machines or equipment which are locked out or tagged out.

When tagout systems are used, employees shall also be trained in the following limitations of tags:

1. Tags are essentially warning devices affixed to energy isolating devices, and do not provide the physical restraint on those devices that is provided by a lock.
2. 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.
3. Tags must be legible and understandable by all authorized, affected and all other employees whose work operations are or may be in the area, in order to be effective.
4. Tags and their means of attachment must be made of materials that will withstand the environmental conditions encountered in the workplace.

5. Tags may evoke a false sense of security, and their meaning needs to be understood as part of the overall energy control program.
6. Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.

Employee retraining shall be provided for all authorized and affected employees annually, or whenever there is a change in their job assignments, a change in machines, equipment or processes that present a new hazard, or when there is a change in the energy control procedures.

Additional retraining shall also be conducted whenever a periodic inspection, or whenever the employer has reason to believe, that there are deviations from or inadequacies in the employee's knowledge or use of the energy control procedures.

The retraining shall reestablish employee proficiency and introduce new or revised control methods and procedures, as necessary.

The employer shall certify that employee training has been accomplished and is being kept up to date. The certification shall contain each employee's name and the dates of training. Each training session shall include at minimum the following:

1. Lecture regarding this procedure including its purpose, scope, and application.
2. Visual support materials including but not limited to video or film presentation of "Lockout Safety Procedures".
3. Written quiz to establish the proficiency of the student.

12.32 ENFORCEMENT/INSPECTION:

Due to the severity of injury that could occur while not following these procedures, the company will strictly enforce this policy. The primary responsibility lies with each supervisor for monitoring performance of their workers. Those employees found to be in violation of this procedure will be subject to the "Disciplinary Policy".

All surveys of worker performance shall be documented on the District's "Safety Inspection Report" form. The "inspection" must include the following information:

1. Identity of the machine or equipment on which the "Lock Out" procedure was being utilized
2. Date of inspection
3. Employees included in the inspection
4. The person performing the inspection

12.33 LOCKOUT/TAGOUT PROCEDURE

Entry No.

1.		Name of Company
2.		Type(s) and Magnitude(s) of energy and hazards
3.		Name(s)/Job Title(s) of employees authorized to lockout or tagout
4.		Name(s)/Job Title(s) of affected employees and how to notify
5.		Type(s) and Location of energy isolating means
6.		Type(s) of Stored Energy - methods to dissipate or restrain
7.		Method(s) Selected ie: Locks, Tags, additional safety measures, etc.
8.		Type(s) of Equipment checked to ensure disconnection
9.		Name(s)/Job Title(s) of employees authorized for group lockout or tagout

13. MOTOR VEHICLE OPERATIONS

MOTOR VEHICLE SAFETY

13.1 VEHICLE INSPECTION & OPERATION

All company vehicles and equipment are to be operated in a safe manner and all applicable laws are to be adhered to. The operator shall inspect each vehicle or piece of equipment daily before and after operation. Each operator is responsible for the safe condition of the equipment. Any vehicle having steering or brake problems is not to be operated until a mechanic has made repairs. Any other unsafe conditions are to be reported to the Mechanic's supervisor as soon as possible.

13.2 INTRODUCTION

The types of exposure that involve the fleet program include property damage, bodily injury, fatalities, liability suits, and Workers' Compensation cases.

The claims cost that would result from losses incurred can mount to dollars that will adversely affect our efforts to accomplish company objectives. To help prevent vehicle accidents and the type of loss exposures associated with them, the following guidelines have been established:

13.3 DRIVERS

Drivers of vehicles that are owned, rented, or leased by the company will be required to follow defensive driving techniques and practices. The basic defensive driving practice is to plan ahead and do everything that one can reasonably do to prevent an accident. This is to include the use of seatbelts. The following guidelines will also be followed:

1. Drivers must be adequately trained to operate any company vehicle
2. The driver should be physically capable of driving the vehicle they are assigned to drive, whether the vehicle is a car, van, forklift, mule, or company heavy pick.
3. Anyone driving a company vehicle must have a valid driver's license (1922 and PET staff).
4. Anyone operating a mule (1526) must have a CDL endorsement as they transit county roads in PEV.

13.4 SPECIAL NOTE

Police shall be called to investigate all company vehicle accidents involving a third party, and it is incumbent upon the supervisor to ensure that all facts are obtained with respect to the driver. Under no circumstances should any employee make

any statement relative to liability or draw any conclusions as to the facts asserted at the scene.

The occurrence of a vehicle accident may or may not be the fault of the employee. Therefore, it is imperative that the same investigative procedure which was outlined for the industrial accidents be used to determine the cause of accident and corrective action taken by the employee's immediate supervisor.

13.5 OPERATION OF COMPANY VEHICLES

- Container handler Equipment: (Top Loader, Reach Stacker, Empty handler)
- Rubber-Tired Gantry Cranes (RTG)
- Mules (ITT)
- Pick Up Trucks/Cars
- Forklifts or Boom lift

All PET LLC & Florida Stevedoring Inc. (FSI) vehicles will be operated in a safe and prudent manner. The below listed OSHA 1917.44 General rules are applicable to all company vehicles, including private vehicles within the terminal.

1917.44 (b) Vehicle parking within the terminal shall be allowed only in designated areas.

1. PET vehicles: parking behind main building (Eastside of building).
2. Mules and Container Handler Equipment: Both located by North side of the yard, next to ILA parking lot.
3. Forklifts and Boom lifts will be parked at the mechanic shop.

1917.44(d) The employer shall direct motor vehicle operators to comply with any posted speed limits and other traffic control signs or signals, and written traffic instructions.

1. All PET employees, truck drivers and visitors will comply with the traffic control instructions, signs and devices located throughout the terminal.
2. All PET employees operating company vehicles will possess a valid State of Florida driver's license.

1917.44(e) Stop signs shall be posted at main entrances and exits of structures where visibility is impaired, and blind intersections, unless direct traffic control or warning mirror systems or other systems of equivalent safety are provided.

All traffic control devices, rules and regulations posted at the direction of the Terminal Manager, Director of Security and HSE Manager will be obeyed.

1917.44(f) Vehicular traffic routes, traffic patterns, traffic rules, and parking areas will be established, identified, and used.

All vehicular traffic routes, traffic patterns, traffic rules, and parking areas will be established, identified, by the terminal manager and will be adjusted according to the scope of the terminal and vessel operations. Any changes will be immediately conveyed to all members of the staff and all employees.

1917.44(j) No unattended vehicles (top loaders, forklifts, Mules, Pickup trucks, autos) shall be left with its engine running unless secured against movement.

All PET LLC & FSI employees will turn the ignition off when parking and exiting the vehicles. No company operated vehicles shall be left with the ignition on and the engine running. All vehicles will be left in the parked position in the designated parking space.

1917.44(n) Vehicles used to transport employees within the terminal shall be maintained in safe working order and safety devices shall not be removed or made inoperative.

The mechanic shop supervisor and fleet manager shall ensure proper maintenance of all company vehicles (Container Handler Equipment, RTGs, forklifts, boom lifts, Mules, pickup trucks, and automobiles) and will conduct quarterly safety and mechanical inspections of all company vehicles. They will log the results of the inspections on the vehicle maintenance log for each company vehicle.

14. VEHICLE MAINTENANCE

VEHICLE MAINTENANCE

14.1 GENERAL

In the normal activities of vehicle maintenance, it is essential that adequate safety standards be prescribed and observed by all shop and company personnel. This should help promote efficiency and reduce the possibility of personal injury and property damage.

Oil and grease-soaked rags or other waste should be disposed of in self-closing metal waste cans approved (UL or FM) by SAFETY recognized fire protection laboratories.

14.2 JACKS

The rated load should be legibly and permanently marked in a prominent location on the jack by casting, stamping, or other suitable means.

In the absence of a firm foundation, the base of the jack should be blocked. If there is a possibility of slippage of the cap, a block should be placed in between the cap and the load. After the load has been raised, it should be cribbed, blocked, or otherwise secured at once.

14.3 TIRE REPAIRS (MULTI-PIECE AND SINGLE PIECE RIM WHEELS)

Employees will not attempt repairs to any wheels.

15. FORKLIFTS

15.1 FORKLIFT OPERATING RULES & PROCEDURES

The company has adopted the OSHA rules and regulations on the following pages as the basic minimum guidelines for the safe operation of forklifts. The key to the success of our program is the use of qualified and competent drivers that have been certified by Southeast Florida Employers Port Association (SEFEPA).

The company will ensure that all operators are certified prior to allowing anyone to operate a forklift.

Both drivers and employees who work around these vehicles are required to follow these operating rules and procedures:

1. Only authorized drivers who are trained in safe operation may operate forklifts.
2. Passengers are not allowed on any forklift.
3. Do not place any part of your body outside the running lines of a forklift, or between the mast uprights or other parts of the truck where shearing or crushing hazards exist.
4. Do not stand, pass, or work under the empty or loaded elevated portion of any industrial truck, unless it has been blocked effectively to prevent it from falling.
5. Check the vehicle at least once each shift to ensure that the following are operating properly:

TIRES LIGHTS FUEL SYSTEM BATTERY STEERING MECHANISM CONTROLLER HORN LIFT SYSTEM BRAKES BACK-UP ALARM

6. Any vehicle in need of repair should not be used until repairs have been made.
7. Look in the direction of travel, and do not move the vehicle until you see that your path is clear of people and objects.
8. Do not drive toward anyone standing in front of a bench or other structure; if the vehicle fails mechanically, or you misjudge distance, that person may be trapped between your truck and the structure.
9. Do not exceed the authorized safe speed.
10. Carry the forks as low as possible consistent with safe operation.
11. Do not load industrial trucks in excess of their rated capacity.
12. Do not move a loaded vehicle until the load is secure.
13. If the load obstructs forward view, drive backwards.
14. Ascend or descend a grade slowly with the load upgrade.
15. Do not tilt the load with the mast extended past the center of gravity.
16. Before you drive your vehicle on a floor, platform, or into rail cars, trucks, or trailers be certain the structure will support the loaded vehicle.

17. When you leave the forklift bring the mast to the vertical position, place the forks on the floor, shut the power off and curb or block the wheels (if parked on an incline).

USING A FORKLIFT TRUCK TO ELEVATE EMPLOYEES

15.2 THE PLATFORM

When a forklift is used to elevate employees, the lift must be equipped with a basket.

The platform must be at least 24" x 24" square and it must be large enough to accommodate the employee and the material to be elevated.

The platform must be securely attached to the forks and/or must be equipped with a standard guardrail with mid-rails on all open sides.

The platform must have a slip-resistant floor and cannot have spaces or holes between the floor sections larger than 1 inch in size.

The side of the platform resting against the forklift mast must be equipped with a substantial covering so that an employee cannot reach into the operation of the lifting mechanism. This covering or guard must extend from the floor of the platform to a minimum of 7 feet above the workers feet.

15.3 THE FORKLIFT

The forklift must be the proper size and capacity for the intended job.

The forklift must be equipped with overhead protection whenever it is operated under conditions that expose the operator to danger from falling objects.

15.4 THE OPERATOR

The operator of the forklift must be at the control position of the lift while employees are on the elevated platform.

15.5 OPERATING RULES WHEN ELEVATING EMPLOYEES ON FORKLIFTS

1. Use a securely attached safety platform/basket.
2. Make sure the lifting mechanism is operating smoothly.
3. Place the mast vertical and never tilt it forward or rearward when it is elevated.
4. Place the gears in neutral and set the parking brake.
5. Lift and lower the work platform smoothly and with caution.
6. Watch for overhead obstructions.
7. Keep hands and feet clear of controls other than those controls being used.
8. Never travel with personnel on the work platform other than to make mirror adjustments for final positioning of the platform.

 Arrive Home Alive™ JOB SAFETY ANALYSIS  Arrive Home Alive™		
JOB DESCRIPTION Forklift Operator		
TASK DESCRIPTION Forklift Operations		
PERSONAL PROTECTIVE EQUIPMENT Hard Hat, Seat Belt, Safety Shoes, Safety Glasses, Hearing Protection, Gloves, High Visibility Vest		
TRAINING/EXPERIENCE Power Industrial Truck (PIT), General Industry Safety Training, Safety Meetings/Talks		
STEP SEQUENCE/TASK SPECIFIC	ACTUAL/POTENTIAL HAZARDS	JOB SAFETY PROCEDURE
1. Conduct pre-shift inspection. 	1. Slip, trip, and fall (STF) 2. Overhead crane swing 3. Struck by equipment/machinery	1.1 Use designated PPE:      1.2 Avoid hot surfaces around equipment. 1.3 Use 3-Point Contact when getting on/off equipment. Climb and descend facing the stairs, evaluate walking/stepping surfaces for STF hazards. 1.4 Lower forks and mast to ground and set emergency brake. 1.5 Conduct inspection via safe low traffic area. 1.6 Make sure parking alarm and controls are functioning normally.



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JOB SAFETY ANALYSIS



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2. Evaluate inspection results.



2.1. Check for unsafe conditions.
2.2. Check for unsafe equipment.
2.3. Check for unsafe personnel.
2.4. Check for unsafe materials.

2.5. Tagout and report unsafe equipment to your supervisor.

3. Mount and operate inspected forklift.



3.1. Sit while backing into the load.
3.2. Fasten seat belt.
3.3. Adjust seat and mirrors.
3.4. Check for clear path.
3.5. Check for clear path.
3.6. Check for clear path.
3.7. Check for clear path.

3.1.1. Use 3 Point Contact.
3.1.2. Properly wear your seat belt at all times.
3.1.3. Adjust seat and mirrors to maximize visibility. Evaluate operator's vision.
3.1.4. Follow manufacturer's guidelines.
3.1.5. Ensure loads are secured before lifting and moving.
3.1.6. Adjust speed and mast height.
3.1.7. Keep all feet inside equipment to prevent injuries.



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JOB SAFETY ANALYSIS



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4. Park and dismount forklift.



4Y

4.1. Check for existing hazards in all directions.
4.2. STFW while dismounting for equipment.

4.1.1. Apply parking brake and lower forks and mast to ground.
4.1.2. Use 3-Point Contact getting off equipment: backward, using the steps; evaluate walking surfaces for STF hazards. Look for potholes or other uneven surfaces.



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100 SAFETY ANALYSIS



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	I First Aid	II OSHA Reportable	III Lost Time	IV Disability Fatality
A Very Rare	0 or 1	2	3	5
B Infrequent	2	3	4	6
C Occasional	3	4	6	7
D Regular or Repetitive	5	6	7	8 or 9

Severe Ri

phasize



JOB SAFETY ANALYSIS



Personal Protection Equipment Icons

	Personal Flotation Device		Apron		Welding Gloves
	Gloves		Ear Protection		Fire Resistant Clothing
	Personal Fall Arrest System (PFAS)		Respirator/Face Mask		Seat Belt
	Reflective Vest		Intrinsically Safe Flashlight		Knee Pads
	Reflective Gloves		Welding Hood/Leathers		Face Shield
	Eye Protection		Footwear		Portable Radio
	Hardhat		Safety Toed Footwear		
	Back Strain Protection		Appropriate Work Clothing/Coveralls		

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Date of Creation – August 27, 2006

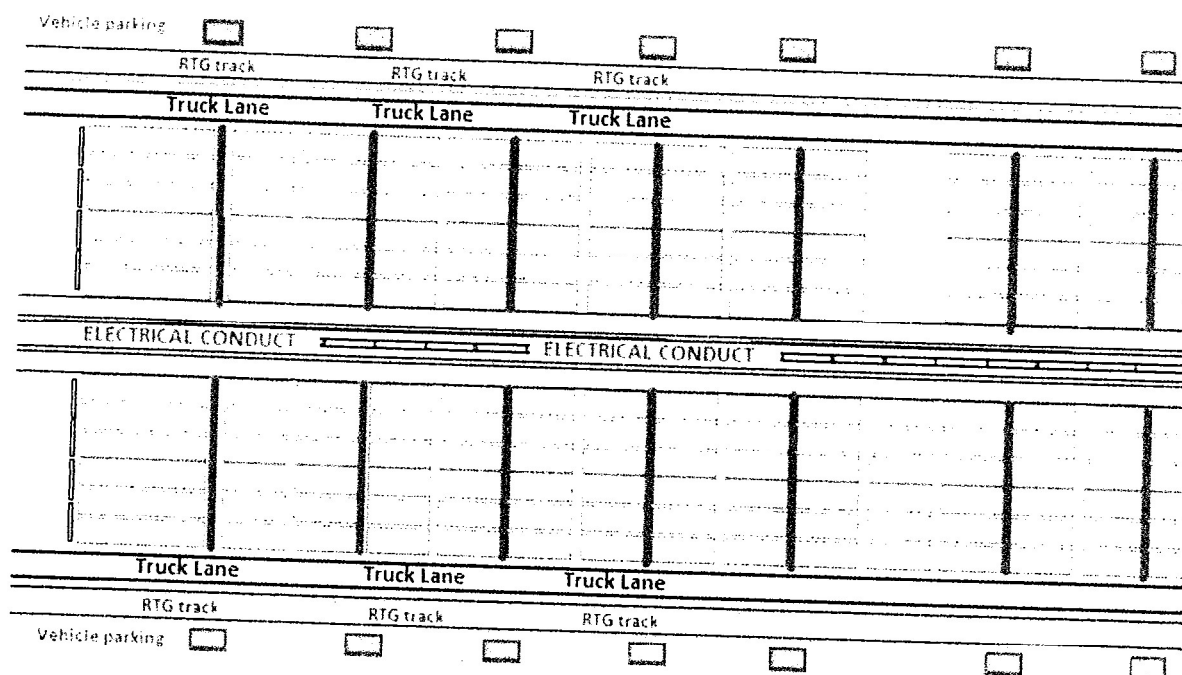
Date of 1st Revision – May 3, 2023, Anna Silva

16. RUBBER TIRE GANTRY (RTG) SAFETY

In effort to provide a safe work environment for all personnel while at Port Everglades Terminal, the following procedures, rules, and guidelines for RTG areas and reefer racks will be strictly adhered to and complied with.

1. Only authorized personnel such as reefer mechanics, RTG mechanics and PET supervisory staff may access the reefer stacks and their internal areas. UNDER NO CIRCUMSTANCES WILL RTG OPERATORS ENTER, OR WALK INTO RESTRICTED ACCESS AREAS. Restricted Access Areas are under the electrical conduits, between containers, under RTGs or pads.
2. Proper personal protective equipment, hard hats, work shoes and OSHA approved high visibility safety clothing must always be worn by all personnel when the RTG is overhead. During periods when conditions require personnel to wear rain gear or jackets, they must be of high visibility and OSHA approved. Failure to comply with this requirement will follow the jointly approved Joint Safety Committee "Safety Policies" dated July 1, 2021.
3. Proper personal protective equipment, hard hats, work shoes and OSHA approved high visibility safety clothing must always be worn by RTG operators. During periods when conditions require personnel to wear rain gear or jackets, they must be of high visibility and OSHA approved. Failure to comply with this requirement will follow the jointly approved Joint Safety Committee "Safety Policies" dated July 1, 2021.
4. RTG operators reporting to operate RTGs will be transported in an assigned and designated vehicle to the RTGs. If the vehicle is not available, they will call the Header via cellular phone for transportation to the RTGs.

Restricted Access Areas:



There are concrete barriers identifying and holding safety signs at each end of the rows, showing:

- Parking vehicles at designated area.
- No Forklifts to be used as transportation around the reefer racks.
- No pedestrian / transit nearby high voltage, electrical conduct.
- Block numbers
- Hard hat area
- No pedestrian
- Dangerous - High voltage area
- No Parking at any time.

16.2 FOR OPERATORS

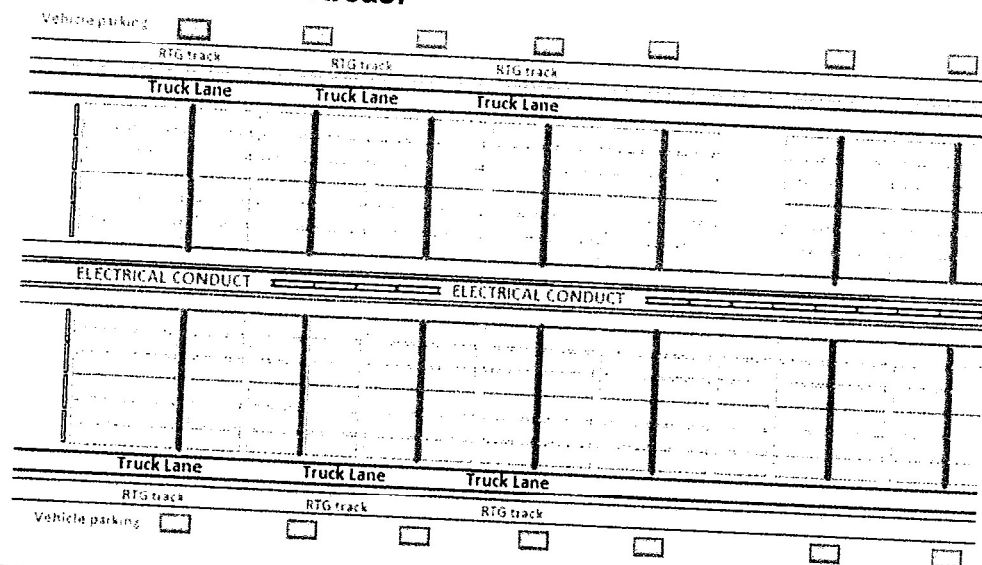
In effort to continuing providing a safety environment for all Port Everglades Terminal employees, visitors and specifically **RTG operators**; the following procedures, rules and guidelines for RTG areas and reefer racks, also known as Row 3, 4 & 5 will be strictly adhered and complied with.

Safety Rules & Procedures:

1. Only authorized personnel such as reefer mechanics, RTG mechanics and PET supervisory staff may access the reefer stacks and their internal areas. **UNDER NO CIRCUMSTANCES WILL RTG OPERATORS ENTER OR WALK INTO RESTRICTED AREAS.**
- **Restricted Access Areas are:** Under the electrical conduits, between containers, under RTGs or pads.
2. Proper personal protective equipment, **hard hats, work shoes** and OSHA approved high visibility **safety vests** must be worn by RTG operators at all

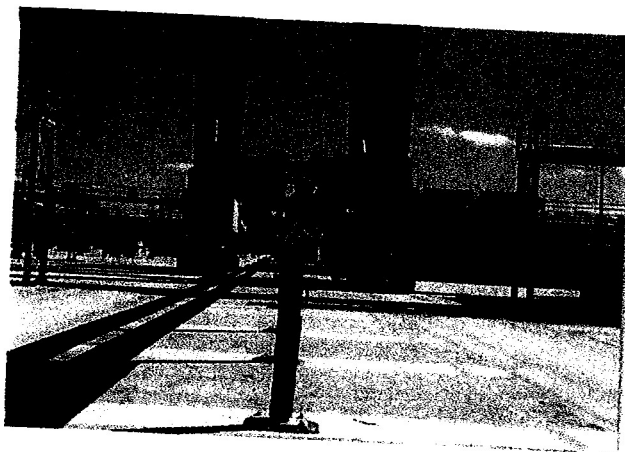
- times. During periods when conditions require personnel to wear rain gear or jackets, they must be of **high visibility and OSHA approved**.
3. RTG operators reporting to operate RTGs will be transported in an assigned and designated vehicle to the RTGs. If the vehicle is not available, they will call the header via cellular phone for transportation to the RTGs.

Restricted Access Areas:



There are concrete barriers identifying and holding safety signs at each end of the rows, showing:

- Parking vehicles at designated area. Yellow marks, no walking under RTGs or pads
- No Forklifts to be used as transportation around the reefer racks.
- No Pedestrian / transit nearby high voltage, electrical conduct.
- Block numbers, hard hat area, No pedestrian, Dangerous - High voltage area, No Parking at any time.





16.3 FOR REEFER MECHANICS

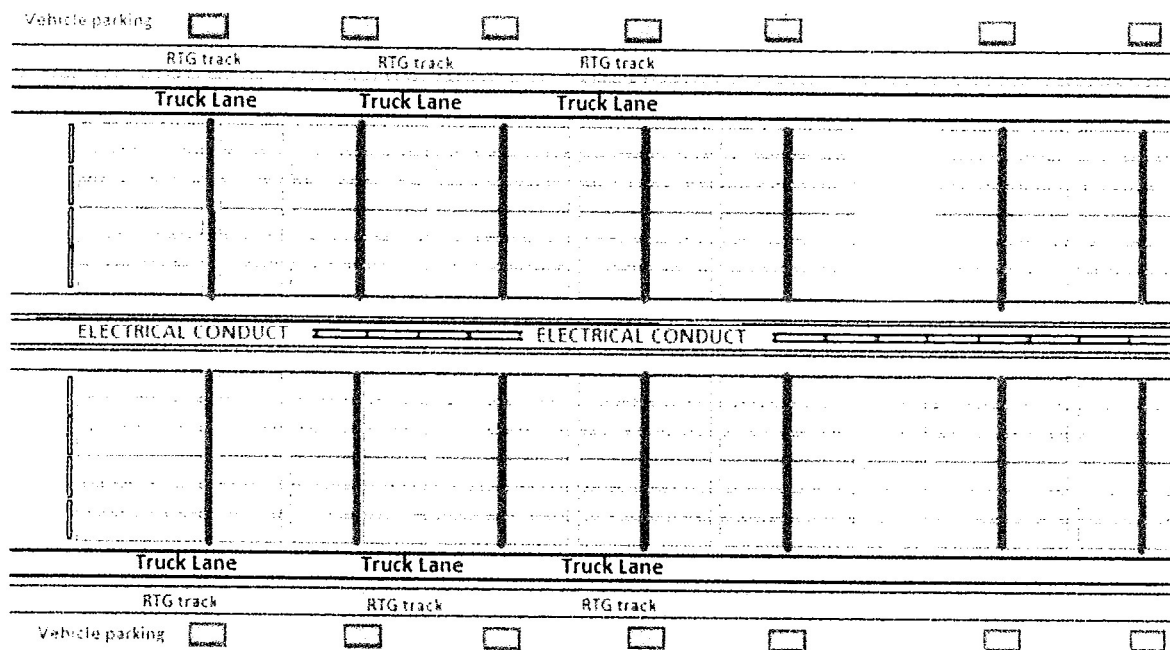
In effort to continuing providing a safety environment for all Port Everglades Terminal employees and visitors; we have rules and guidelines to transit and work around the RTG areas and reefer racks, also known as Row 3 & 4.

Procedures:

Reefer mechanics will proceed and attend reefers as per daily monitoring list or daily plan. PET will have a communication system where SFCR (reefer mechanics) and PET (yard planning) are in active communication to determine which reefers to plug and unplug as per demand from the yard/Gate. Same will apply when working a vessel.

Once a reefer location is called, mechanic will proceed to a designated area/block to plug or/and unplug needed reefer(s). The next call locations will be monitored via radio

Reefer mechanics will use a proper vehicle as transportation for the reefer area, including inspection dock, (No Forklift allow) and park only on designated areas. See draw for detail.



Mount clips at the designated area (TBD). No truckers to be serviced under the RTG or pads at any time.

There will NOT be washing of containers on reefer rack blocks

There are concrete barriers identifying and holding safety signs at each end of the rows, showing:

- Parking vehicles at designated area. Yellow marks, no walking under RTGs or pads
- No Forklifts to be used as transportation around the reefer racks.
- No Pedestrian / transit nearby high voltage, electrical conduct.
- Block numbers, hard hat area, No pedestrian, Dangerous - High voltage area, No Parking at any time.

- ## Signage

Diagram illustrating a 12-lane truck parking lot layout. The layout is divided into three main sections: RIG track, Truck Lane, and ELECTRICAL CONDUCT. The lanes are numbered 1 through 12, with 1 and 2 on the left, 3 through 6 in the middle, and 7 through 12 on the right. The diagram includes various lines, arrows, and symbols indicating the flow of traffic and the placement of vehicles.

17. SAFETY MEETINGS

SAFETY MEETING

17.1 INTRODUCTION

Safety communication is important for all levels of the company. To keep supervision and management informed on safety issues that pertain to the company, a Safety meeting will be held monthly.

The company relies upon HSE Manager to communicate the safety policies and set the example for safety on the job for employees to follow. The HSE Manager safety meeting will provide the necessary forum for the above objectives to be implemented and maintained.

17.2 PURPOSE

To establish a program of safety communication, education and training for all supervisory personnel on a regular basis and as required by applicable laws and regulations.

17.3 OBJECTIVES

1. Communicate job safety and health procedures and requirements established either by the company or others.
2. To communicate accident statistics respective of their jobs and the company as a whole.
3. To provide an educational forum on applicable safety subjects and issues.
4. To provide information and training on legal issues of job safety and health that affects the job.
5. To review job safety surveys and issues affecting the jobsite to which they are assigned.
6. Review/analyze past accidents and incidents that occurred on premise or other to other companies.

17.4 PROCEDURES

1. **Minimum Action Standard** - A safety meeting will be held where all supervisors and superintendents are required to attend. These meetings will be held under the direction of the HSE Manager and they will chair the meetings. The following standards should be met for all meetings:
 - a. The monthly meetings will be held on the second floor at PET office building on the last Tuesday of the given month at 10:00am. If this date or time is not available, HSE manager will determine an appropriate substitute.

- b. The meetings should last from 30 minutes to 1 hour in length to adequately cover the material to be presented.
 - c. An agenda and notification should be prepared in advance to inform the job supervisors of the material to be discussed. It will serve as a reminder for the meeting. (See attached).
 - d. Minutes of the meeting will be the presentation tailored by the HSE manager for that specific meeting. Sign in sheet must be attached to presentation to have a record of all attendees.
 - e. The topics and material to be discussed will be prepared in advance to maintain time and attention of those attending.
2. **Preparation and Plan** - Prior to each meeting the HSE Manager and/or their designate will prepare the information necessary for review. This will include:
- a. A review of past accidents and claims since the last meeting. This would include all areas of loss exposure.
 - b. A progress report on what has been accomplished on any previous recommendations. (CAPA)
 - c. A review of jobsite safety surveys and supervisor's safety inspection completed since the last meeting.
 - d. An outline of subject material to be presented; such as, company policy or procedures, safety rules and regulations of the company or State, educational programs or information.
 - e. A review of any alleged hazardous conditions brought to the attention of any committee member since the last meeting.
 - f. A review of any employee safety suggestions submitted since the last meeting.

17.5 TOOL-BOX SAFETY MEETINGS

Each supervisor or manager is the official management representative for their group of employees. Safety communication is a key to employee safe work behavior. The tool-box safety meeting is one method of providing this line of communication with employees, which in time will assist in enhancing job safety performance.

17.6 OBJECTIVES

- 1. To encourage safety awareness.
- 2. To get employees actively involved.
- 3. To motivate employees to follow proper safety practices.
- 4. To encourage employees to report or discuss job hazards.
- 5. To introduce workers to new safety rules.
- 6. To provide vital information on accident causes and types.

17.7 PROCEDURES

1. **Minimum Action Standard** - Each job supervisor will meet with their team prior to beginning each assigned task for the day. Daily Safety briefings are to be done prior to all terminal, cargo and cruise vessel operations to communicate on safety awareness.
 - a. The meetings should be held at the beginning of the shift, preferably 5-10 minutes before shift starts of each workday.
 - b. The meeting should last from 5 to 10 minutes.
 - c. The briefing should be prepared in advance to maintain employees' attention.
 - d. "Safety Meeting and Operational Briefing" should be followed & signed by supervisor and all those in attendance.

Attendees:

21. PERSONAL PROTECTIVE EQUIPMENT

PERSONAL PROTECTIVE EQUIPMENT

21.1 APPLICATION

Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

1. **Employee-Owned Equipment**

Where employees provide their own protective equipment, the employer shall be responsible to assure its adequacy, including proper maintenance, and sanitation of such equipment.

2. **Design**

All personal protective equipment shall be of safe design and construction for the work to be performed.

3. **Hazard Assessment and Equipment Selection**

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC. shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of Personal Protective Equipment (PPE). If such hazards are present, or likely to be present, **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.** will:

- a. Select and have each affected employee use the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment
- b. Communicate selection decisions to each affected employee

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC. shall provide job hazard analysis (JHA) that are intended to provide compliance assistance in implementing requirements for hazard assessment and the selection of Personal Protective Equipment.

21.2 CONTROLLING HAZARDS

PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.

21.3 ASSESSMENT GUIDELINES

1. Fitting The Device

Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

2. Devices With Adjustable Features

Adjustments should be made on an individual basis that will maintain the protective device in the proper position. Care should be taken in fitting devices for eye protection against dust and chemical splash to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure that it will not fall off during work operations. In some cases, a chinstrap may be necessary to keep the helmet on an employee's head (Chin straps should break at a reasonably low force, to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.

3. Reassessment Of Hazards

It is the responsibility of the HSE Manager and/or their designate to reassess the workplace hazard situation as necessary, by identifying and evaluating new equipment and processes, reviewing accident records, and reevaluating the suitability of previously selected PPE.

21.4 GENERAL REQUIREMENTS EYE AND FACE PROTECTION

Each affected employee shall use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

Each affected employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip-on or slide-on side shields) meeting the pertinent requirements of this section are acceptable.

Each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design or shall wear eye protection that

can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

Each affected employee shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation.

21.5 SELECTION GUIDELINES FOR HEAD PROTECTION

All head protection (helmet) is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn. When selecting head protection, knowledge of potential electrical hazards is important.

1. **Where falling object hazards are present**, helmets must be worn. Some examples include:
 - a. Working below other workers who are using tools and materials that could fall;
 - b. Working around suspended loads

21.6 SELECTION GUIDELINES FOR FOOT PROTECTION

Safety shoes and boots which meet the ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear" standard provide both impact and compression protection. Where necessary, safety shoes can be obtained which provide puncture protection. In some work situations, metatarsal protection should be provided, and in other special situations electrical conductive or insulating safety shoes would be appropriate.

21.7 SELECTION GUIDELINES FOR HAND PROTECTION

Gloves can prevent cuts, abrasions, burns, and skin contact with chemicals that can cause local or systemic effects following dermal exposure. It is important to select the most appropriate glove for a particular application and to determine how long it can be worn, and whether it can be reused.

Employees must be able to remove the gloves in such a manner as to prevent skin contamination

21.8 SELECTION GUIDELINES FOR HEARING PROTECTION DEVICES (HPD)

Hearing protection devices (HPDs) are considered the last option to control exposures to noise. "Insert Type" Earplugs are a device designed to provide an air-tight seal with the ear canal. There are three types of insert earplugs - pre-molded, formable, and custom earplugs.

- **Pre-molded Earplugs:** Pre-molded earplugs are pliable devices of fixed proportions. Two standard styles, single flange and triple flange, come in various sizes, and shall fit most people. Personnel responsible for fitting and dispensing earplugs shall train users on proper insertion, wear, and care. While pre-molded earplugs are reusable, they may deteriorate and should be replaced periodically.
- **Formable:** Formable earplugs come in just one size. Some are made of material that, after being compressed and inserted, expands to form a seal in the ear canal. When properly inserted, they provide noise attenuation values that are similar to those from correctly fitted pre-molded earplugs. Individual units may procure approved formable earplugs. Supervisors must instruct users in the proper use of these earplugs as part of the annual education program. Each earplug must be held in place while it expands enough to remain firmly seated. A set of earplugs with a cord attached is available. These earplugs may be washed and therefore are reusable but shall have to be replaced after repeated use or when they no longer form an airtight seal when properly inserted.
- **Custom Molded Earplugs:** A small percentage of the population cannot be fitted with standard pre-molded or formable earplugs. Custom earplugs can be made to fit the exact size and shape of the individual's ear canal. Individuals needing custom earplugs shall be referred to an audiologist
- **Music Ear buds** are not permitted as a hearing protection device

21.9 CLEANING AND MAINTENANCE

1. It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.
2. For the purposes of compliance with §1910.132(a) and (b), PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the requisite protection.
3. It is also important to ensure that contaminated PPE, which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

21.10 GENERAL PPE RULES

1. High-visibility vests are to be worn at all times when outside in the container yard and on the docks.
2. Long pants are to be worn at all times. Shorts are not permitted.
3. Dust masks, gloves, eye and ear protection are available upon request.

21.11 INSTRUCTION

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC. shall provide instruction to each employee who is required by this section to use PPE. Each such employee shall be instructed to know at least the following:

- When PPE is necessary

- What PPE is necessary
- How to properly adjust, and wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life and disposal of the PPE

When a supervisor has reason to believe that any affected employee who does not have the understanding and skill required by this section, the supervisor shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where:

- Changes in the workplace render previous training obsolete
- Changes in the types of PPE to be used render previous training obsolete
- Inadequacies in an affected employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill

22. WEATHER

22.1 WORKING IN THE HEAT

Heat Stroke

A condition that occurs when the body becomes unable to control its temperature and can cause death or permanent disability.

Symptoms

- High body temperature
- Confusion
- Loss of coordination
- Hot, dry skin or profuse sweating
- Throbbing headache
- Seizures, coma

First Aid

- Request immediate medical assistance.
- Move the worker to a cool, shaded area.
- Remove excess clothing and apply cool water to their body.

Heat Exhaustion

The body's response to an excessive loss of water and salt, usually through sweating.

Symptoms

- Rapid heartbeat
- Heavy sweating
- Extreme weakness or fatigue
- Dizziness
- Nausea, vomiting
- Irritability
- Fast, shallow breathing
- Slightly elevated body temperature

First Aid

- Rest in a cool area.
- Drink plenty of water or other cool beverages.
- Take a cool shower, bath, or sponge bath.

Protect Yourself

Avoid heavy exertion, extreme heat, sun exposure, and high humidity when possible. When these cannot be avoided, take the following preventative steps:

- Monitor your physical condition and that of your coworkers for signs or symptoms of heat illnesses.
- Wear light-colored, loose-fitting, breathable clothing such as cotton. Avoid non-breathable synthetic clothing.
- Gradually build up to heavy work.
- Schedule heavy work during the coolest parts of day.
- Take more breaks when doing heavier work, and in high heat and humidity. Take breaks in the shade or a cool area.
- Drink water frequently. Drink enough water that you never become thirsty.

22.2 LIGHTNING

And while lightning can occur anytime throughout the year, it is most prevalent May through September – peaking in July. Most lightning occurs between 12 noon and 4pm

All thunderstorms produce lightning and are dangerous. If you can hear thunder, you are in danger. Any thunder you hear is caused by lightning. Lightning is unpredictable. It often strikes outside the area of heavy rainfall and can strike as far as 10 miles from any rainfall.

What to do

Monitor the weather. The best strategy for lightning safety is to avoid being near thunderstorms in the first place. Thunderstorms always include lightning.

There is no safe place outdoors in a thunderstorm. If you hear thunder, even a distant rumble, get to a safe place immediately. The safest place is a large, fully enclosed substantially constructed building. "Substantial" means that wiring and plumbing are grounded. If a substantial building is not available, a metal topped vehicle with the windows up is your next best bet.

Keep away from electrical equipment and plumbing (good conductors).

Do not lean against concrete walls or floors (which probably have rebar in them)

Vehicle Safety

- Pull over. If you find yourself in an area affected by lightning, pull over to a safe location, close your windows, turn your vehicle off and turn on your hazard lights.
- Stop in a safe area. Avoid lower ground and pools of water, in case of flooding. Very high ground should also be avoided, especially if there are single standing trees or telephone poles since they can conduct lightning and increase your danger of being struck as a consequence.
- Stay inside your vehicle. If you cannot be inside of a building for safety, remaining in your car is your next best bet. Do not leave your vehicle to take photos or videos of the storm. A hard-top car with the windows completely shut is the best prevention of lightning strikes snaking inside the vehicle.
- Avoid touching any metal or electronics. This includes your phone and the car stereo. Metals and electronics are conductive surfaces. It is recommended that you fold your hands and keep them in your lap to ensure you are not touching anything that can conduct electricity.

Usually, after lightning strikes your vehicle, it is safe to exit, since the charge—if you are driving a metal hard-top vehicle—has dispersed into the ground. However, it is

recommended that drivers wait until the storm passes, to not risk lightning striking the same place twice — which, contrary to conventional wisdom, can happen.

First Aid:

Call for help, call for 911

Individuals struck by lightning DO NOT carry a charge and it is safe to touch them to render medical treatment. However - Don't be a victim. If possible, move the victim to a safe place – lightning CAN strike twice

Give first aid, begin CPR if you are trained

22.3 HURRICANES

Hurricane season runs from the beginning of June through the end of November. Floridians are encouraged to have at least 7 days of supplies. These supplies include food, water, medicine, batteries, etc. Each family and business is advised to be adequately stocked and prepared. To get started on planning, visit FloridaDisaster.org/GetAPlan. If you are unsure of what to do when disaster strikes, make a plan today.

For information about planning for any disaster and for disaster preparedness tips, visit www.ready.gov/.

22.4 DISASTER SUPPLY KIT CHECKLIST



DISASTER SUPPLY KIT CHECKLIST ☐

General

- Two week minimum supply of medication, regularly used medical supplies, and a list of allergies
- A list of the style, serial number, and manufacturer information of required medical devices
- Batteries
- Flashlights
- Do not use candles
- NOA Weather Radio
- Battery operated or hand cranked
- Cash
- Banks and ATMs may not be available after a storm
- Cell phone chargers
- Books, games, puzzles or other activities for children

Phone Numbers

- Maintain a list of important phone numbers including:
County emergency management office, evacuation sites, doctors, banks, schools, veterinarian, a number for out of town contacts, friends and family

Clothing

- Rain gear such as jackets, hats, umbrellas and rain boots
- Sturdy shoes or boots and work gloves

Special Needs Items

- Specialty items for infants, small children, the elderly, and family members with disabilities

First Aid

- First Aid Manual
- Sterile adhesive bandages of different sizes
- Sterile gauze pads
- Hypoallergenic adhesive tape
- Triangular bandages
- Scissors
- Tweezers
- Sewing needle
- Moistened towelettes
- Antiseptic
- Disinfectant wipes
- Hand sanitizer
- Thermometer
- Tube of petroleum jelly
- Safety pins
- Soap
- Latex gloves
- Sunscreen
- Aspirin or other pain reliever
- Anti-diarrheal medicine
- Antacid
- Laxative
- Cotton balls
- Q-tips

Food and Water

- Food
- Nonperishable packaged or canned food and beverages, snack foods, juices, baby food, and any special dietary items to last at least 7 days
- Water
- 2 gallon per person per day
- Non-electric can opener
- Paper plates
- Napkins
- Plastic cups
- Chenaks

Important Documents

- Insurance cards
- Medical records
- Banking information
- Credit card numbers
- Copies of social security cards
- Copies of birth and/or marriage certificates
- Other personal documents
- Set of car, house, and office keys
- Service animal I.D., veterinary records, and proof of ownership
- Information about where you receive medication, the name of the drug, and dosage
- Copy of Will
- Items should be kept in a water proof container

Vehicle

- Keep your motor vehicle tanks filled with gasoline

Pet Care Items

- Pet food and water to last at least 7 days
- Proper identification
- Medical records/microchip information
- A carrier or cage
- Muzzle and leash
- Water and food bowls
- Medications
- Supplies for your service animal

Find more disaster preparedness tips at FloridaDisaster.org

24. BLOODBORNE PATHOGEN

24.1 PURPOSE

The Bloodborne Pathogen Exposure Program is to reduce occupational exposure to Bloodborne pathogens.

24.2 OSHA STANDARD

In the United States, the Occupational Safety and Health Administration has issued a standard requiring employers to institute a program to eliminate or minimize the risks of occupational infection from bloodborne pathogens. Employers must:

- Make a copy of the OSHA standard available to employees upon request.
- Develop a written *Exposure Control Plan*, detailing the specific measures being taken to protect people. A copy of the plan must also be available to employees upon request.
- Identify the jobs and job classifications in which employees face occupational exposure to blood or other potentially infectious material.
- Identify the specific tasks and procedures that may involve exposure and establish safe work procedures for performing those tasks.
- Use engineering and work practice controls to minimize possible infection.
- Provide any personal protective equipment required to ensure that contact with blood or other potentially infectious material can be avoided.
- Provide equipment to ensure that contaminated or infectious material can be handled and disposed of safely. This includes such things as appropriate containers for contaminated materials and disinfectants to decontaminate surfaces that have been exposed to infectious material.

The OSHA Standard also requires employers to make certain that people have been informed about bloodborne disease and trained to perform their jobs safely. Training must include:

- An explanation of the symptoms of bloodborne diseases and how they are transmitted.
- How to recognize tasks and activities that may involve exposure to blood or other potentially infectious materials.
- How to perform those tasks as safely as possible.
- The types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- The signs, labels and color codes in use to designate contaminated or infectious materials.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the evaluation and medical follow-up that will be made available.

24.3 BLOODBORNE DISEASE

The bacteria and viruses that cause disease are called pathogens. They can enter the human body in three ways. Some diseases, like tuberculosis, are caused by airborne pathogens that enter when we breathe. Some, like cholera and salmonella food poisoning, are caused by pathogens that enter through the digestive tract when we swallow.

Other diseases are caused by **bloodborne pathogens**. These pathogens are carried in the blood and certain other body fluids of an infected person. They can be transmitted when blood or other potentially infectious fluids come into contact with the blood of a healthy person. This can occur when a contaminated sharp object, like a used hypodermic needle, punctures the skin and injects the pathogen into the bloodstream; it also happens when infected blood gets onto the skin of a healthy person and the pathogen enters through an opening in the skin. Depending upon the disease, bloodborne pathogens can also be transmitted through sexual contact and through contact with the eyes and mucous membranes of the nose and mouth. There are many diseases that are caused by bloodborne pathogens - for example, malaria, syphilis and hepatitis C. Among the most serious and prevalent of them are hepatitis B and AIDS, Acquired Immunodeficiency Syndrome.

Hepatitis B

Hepatitis is a disease that attacks the liver. In fact, the word means "inflammation of the liver". There are several strains of the disease, but hepatitis B presents the greatest risk for infection in the workplace. The hepatitis B virus, or HBV causes Hepatitis B. This pathogen can be present in blood as well as in other blood-derived body fluids. It is also present in saliva, semen and vaginal secretions, in much lower concentrations. Urine and feces contain only small quantities of the virus, unless they are visibly contaminated with blood.

Modes of Transmission – HBV

HBV is a sturdy virus and highly infectious. It can remain alive on contaminated surfaces for at least a week. Since blood and blood-derived fluids contain the highest concentrations of the virus, they are the most likely vehicles for HBV transmission. It has also been demonstrated that HBV can be transmitted when infectious fluids come into contact with the eyes and mucous membranes of the nose and mouth. HBV is easily transmitted through sexual contact, and various studies have found that 40-60% of the family members of HBV carriers developed the disease through non-sexual contact.

Symptoms and Outcomes – HBV

The body can respond to hepatitis B infection in two ways. The most frequent response in healthy adults is development of self-limited acute hepatitis, and the formation of antibodies in the blood that make the person immune for life. About one-third of infected individuals have no symptoms when infected with the virus, and about one-third experience mild flu-like symptoms that are often not diagnosed as hepatitis. But as the body rids itself of

the virus, liver cells are destroyed, which, in about one-third of the cases, leads to the development of more severe symptoms including jaundice (*yellowing of the skin and eyes*), dark urine, extreme fatigue, anorexia, nausea, abdominal pain and sometimes joint pain, rash and fever. These symptoms require hospitalization in about 20% of jaundiced cases, and often result in several weeks or months of work loss even in those cases that do not require hospitalization. A small percentage of acute hepatitis B cases result in death.

The second type of response - development of chronic HBV infection - has more severe long term consequences. About 6-10% of newly infected adults cannot clear the virus from their liver cells and become chronic HBV carriers. About one-quarter of these carriers develop a relatively mild form of chronic liver disease. But one-quarter develop chronic active hepatitis, a progressive disease that often leads to cirrhosis of the liver after 5 to 10 years. It can also lead to a form of liver cancer. It has been estimated that chronic HBV infection is responsible for 2,500 to 3,000 deaths from cirrhosis in the United States alone each year.

Treatment After Exposure - HBV

Pre-exposure vaccination against hepatitis B is the most effective way to prevent infection from an exposure to the disease. However, after exposure to HBV there are effective methods of treatment to prevent the disease from developing, including immunoglobulin injections and the hepatitis B vaccination series. **In the event of an exposure, (insert company name) will offer Hepatitis B vaccinations free of charge.**

AIDS - Acquired Immunodeficiency Syndrome

AIDS is a disease that destroys the body's ability to defend itself against infection by attacking the immune system. It is caused by the human immunodeficiency virus, or HIV. The virus has been found in human blood, semen, vaginal secretions, breast milk, saliva, tears, urine, cerebrospinal fluid and amniotic fluid.

Modes of Transmission - HIV

To date, only blood, semen, vaginal secretions and breast milk have been implicated in the spread of HIV. HIV can be transmitted from mother to child around the time of birth, and it can be transmitted through blood transfusions and tissue transplants when the material has come from an infected donor. But HIV is transmitted almost exclusively through sexual contact or through direct blood to blood contact - for example when a healthy person uses a hypodermic needle that has been contaminated by the blood of an infected person, or when contaminated blood comes into contact with the broken skin of a healthy person.

HIV is not transmitted by casual contact. Studies of the families of people with aids have shown that AIDS is not spread through normal family activities, even when other family members were unaware of the infected person's HIV status and had taken no precautions. Shaking hands, talking, sharing food, eating utensils, plates, drinking glasses or towels, sharing the same household facilities and engaging in non-sexual hugging and kissing did not result in infection. As long as there was no sexual activity and no direct blood to blood contact, there were no recorded transmissions of HIV. In the workplace, protecting yourself against HIV and AIDS means avoiding contact with

an infected person's blood. If you come into contact with blood that carries HIV, then you may be at risk for developing AIDS.

Symptoms and Outcomes – HIV

After contracting HIV, an individual may develop no symptoms except a swelling and discomfort in the lymph nodes that lasts more than 3 months. More often, within a month of infection with HIV and individual may experience mononucleosis-like symptoms that can include fever, swollen or tender lymph nodes, diarrhea, fatigue and rash. These symptoms will usually disappear after six to twelve weeks, and the person will show no further symptoms for months or years. However, the person can transmit the virus to others throughout this time. Data indicates that people infected with HIV will eventually develop AIDS. The symptoms of AIDS can vary extensively. Some patients may experience severe weight loss, chronic diarrhea, constant or intermittent weakness and fever for 30 days or longer. These, by themselves, may result in death. The disease can also cause brain and neural disorders. Usually the impairment of the immune system would rarely develop, for example, pneumonia. This infection is the most common cause of death in AIDS patients.

Treatment After Exposure – HIV

There is a drug available that may prolong the life of some people with AIDS, but there is currently no treatment that can cure the disease or prevent its development. As far as we know, AIDS is always fatal.

24.4 UNIVERSAL PRECAUTIONS

There is no way to tell by looking at a person whether or not that person is carrying a bloodborne pathogen. Anyone of any age, race or sex can be infected with hepatitis B, HIV or other bloodborne disease and still appear perfectly healthy. As a result, all exposure control plans are based upon the concept of Universal Precautions. Staying healthy depends upon **always** following safe work practices whenever you may be exposed to bloodborne pathogens. Applying Universal Precautions means you must always assume that blood or other potentially infectious material is carrying a disease, and always take the necessary measures to protect yourself. **To avoid infection with a bloodborne disease, you must maintain an attitude of continual self-protection.** The specific procedures you must follow may vary, depending upon your particular situation you face. But applying Universal Precautions will always involve the same basic work practices.

OSHA Hepatitis B Declination Statement

It is suggested that all first aiders trained in BBP should receive a Hepatitis B Vaccination. If this is declined the first aid person should be offered the Hepatitis B Declination Statement to endorse. (copy of statement listed below)

OSHA Hepatitis B Declination Statement

When the waiver is signed, no words may be added or deleted to the exemption.

IT MUST BE EXACTLY AS WORDED BELOW. Copy the form, print, have employee sign and turn in to your human resource department to be filed. Found at: <http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>

*The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis b, hepatitis b vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis b vaccination at a later date if they remain occupationally at risk for hepatitis b.*

Declination Statement: 1910.1030 App A

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis b vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis b, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

24.5 PERSONAL PROTECTIVE EQUIPMENT

Wearing personal protective equipment is usually an important part of applying Universal Precautions. The PPE worn must always be appropriate to the situation.

Gloves

Whenever hands might come into contact with any potentially infectious material or with contaminated surfaces, gloves are required. They must be made of latex or some other impermeable material that will not allow fluids to pass through.

Disposable (Single Use) Gloves

In medical or first aid situations surgical or examination type gloves are normally used. Where exposure to a large quantity of blood is likely, or where gloves might be damaged during a procedure, wearing two pairs (*double-gloving*) is recommended.

These gloves may not be decontaminated for re-use. They must always be discarded as soon as possible.

When removing disposable gloves, care must be taken not to allow the outside surfaces to come into contact with bare skin. A good procedure to follow is:

1. Grasp the top or wrist of one glove, being careful not to touch anything but the glove.
2. Pull the glove off, turning it inside out. Continue holding the glove.
3. Insert a finger into the top of the other glove, being careful not to touch its outside surface.
4. Pull the glove off, turning it inside out and pulling it over the first glove. Both gloves should now be inside out, one inside the other.
5. Discard both gloves into an approved waste container.

Utility Gloves

For some tasks, like cleaning up and decontaminating after a blood spill, household type utility gloves are acceptable. These gloves may be decontaminated and re-used, provided they are not cracked, peeling, torn, punctured, discolored or deteriorating in any way. If they are not in perfect condition they should be discarded. **When wearing any type of possibly contaminated gloves, avoid touching any surfaces unnecessarily to limit the spread of contamination. To avoid infection, NEVER touch your face or rub your eyes with contaminated gloves!**

Eye Protection, Masks and Face Shields

Whenever blood or other potentially infectious material can splash, spray or spatter and might contaminate the eyes, nose or mouth, additional protection is required. A mask may be used in combination with goggles or glasses that have solid side shields. A chin length face shield may also be used.

CPR Masks

Transmission of bloodborne disease during CPR or rescue breathing is less likely than through direct blood to blood contact because the concentration of pathogens in saliva is much lower than in the blood. But performing CPR may present a risk, especially if blood is present in the victim's mouth. A one-way CPR mask should be placed over the victim's nose and mouth to avoid coming into contact with body fluids. In some situations, a gown or apron may be required to keep contamination away from the body and clothing. **Use the PPE that will protect you from any reasonably anticipated exposure.**

24.6 SAFE HANDLING & DISPOSAL

Applying Universal Precautions also involves following safe work practices at all times. Potentially infectious materials and any contaminated materials must always be handled safely and disposed of correctly.

The symbol itself must be orange-red, or it must be used on a background that is predominantly fluorescent orange or orange-red. Red bags or red containers may be substituted for biohazard warning labels, and all employees must be aware that the color red indicates material that is a biohazard. The biohazard symbol should also be used as a warning on any contaminated equipment until the equipment can be disinfected.

Sharp Objects

A sharp object that has been contaminated with blood or other potentially infectious material is extremely hazardous. A puncture wound can introduce bloodborne pathogens directly into the bloodstream.

At an accident scene, first aid providers must be careful to avoid glass, pieces of metal or any other contaminated sharp objects that might cause a cut or puncture wound.

Remember that rubber or latex gloves will not provide protection against a puncture wound. Cleanup crews

should not handle contaminated sharp objects unnecessarily. Use pieces of cardboard to sweep up glass or metal, or use a broom and dustpan. Very small fragments can be picked up with a thick dampened cloth or with several layers of paper towels. **Brooms, dustpans or any other equipment used in cleanup must either be discarded or decontaminated as soon as possible.**

People who perform housekeeping and custodial services should be especially alert in washroom facilities. Hypodermic needles are sometimes carelessly discarded by people taking medication or by drug abusers. To avoid the chance of ever being stuck, never compress the contents of a trash receptacle with your hands or feet. If you ever discover a needle or other possibly contaminated sharp object, report it to your supervisor and make certain it is disposed of in a approved container.

Sharps Containers

All contaminated sharp objects must be place in an approved container immediately or as soon as feasible. The container must be:

- red or labeled with the biohazard symbol
- leak-proof on the sides and bottom
- puncture resistant - sharp objects must not be able to pierce the container
- closable - the top must fit securely

Containers for sharp objects must be held in an upright position throughout use. They should not be overfilled to the point that capping them becomes hazardous. And they should be capped before they are moved. Most containers are disposed of along with their contents. If leakage is possible, the container must be placed inside another, leak-proof container. Reusable containers must not be opened, emptied or cleaned in a way that exposes a person to the possibility of being cut or receiving a puncture wound.

Other Contaminated Materials

Anything that has come into contact with blood or other potentially infectious material has become contaminated. This can include work surfaces, machinery, materials used during first aid procedures, clothing and personal protective equipment. To avoid infection and to keep from spreading contamination further, safe work practices are essential. **Never handle possibly contaminated materials without wearing gloves and any other appropriate PPE. Avoid letting your gloves or any other contaminated material come into contact with uncontaminated surfaces.**

Disposal

Whether it be disposal or decontamination Port Everglades Terminal LLC personnel will not be involved. A yet to be determined approved external waste service will be contacted for clean-up, disposal, and transport of the BBP waste off terminal.

Contaminated materials must be placed in an approved container. The container must be:

- red or labeled with the biohazard symbol
- leak proof
- able to be sealed to prevent leakage or spilling

The container must be sealed before it is moved. If the outside surface becomes contaminated, then it must be placed inside a second, similar container. To make certain that the outside surface of a container is not contaminated, the "double bag" procedure is recommended:

If water, hydraulic oil or any other liquid at an accident scene contains visible blood, it must be treated as contaminated material. You can use sorbent or adsorbent granules to soak up the liquid, and dispose of them in an approved container. Any reusable equipment used in cleanup must be discarded or decontaminated, as well as the surfaces that were in contact with the liquid.

Decontamination

When blood or other potentially infectious material has come into contact with a work surface, machinery or the surfaces of sinks and other restroom fixtures, use an approved disinfectant to decontaminate the affected areas. **A one to ten dilution of ordinary household bleach and water is recommended - approximately 1 1/2 cups of bleach added to 1 gallon of water.** If possible, begin by covering the contaminated area with paper towels (of an absorbent cloth). Pour the bleach solution over the paper towels, allow it to soak through, and wipe the area. Then pour more bleach solution over the area and use fresh paper towels to wipe it clean and dry. Some equipment may be damaged by bleach, and another disinfectant may be required. Please remember that not all disinfectants will destroy HBV and HIV. You must be absolutely certain that the disinfectant you use will kill bloodborne pathogens!

Regulated Waste

Regulated waste is contaminated or infectious material that must be disposed of at an approved waste disposal facility. Exactly what material is regulated may vary according to state or local laws. However, regulated waste will always include: contaminated sharp objects; liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious material if compressed and items that are caked with dried blood that could flake off and be released during handling. Some facilities treat all contaminated material as regulated

waste to be shipped to a waste disposal facility. Make certain you know the procedures in effect at your facility for final disposal of waste containers.

WASH YOUR HANDS

Hand washing after handling possibly infectious or contaminated materials is a very important part of Universal Precautions. Even if you have been wearing gloves, washing your hands vigorously and thoroughly with soap and warm water is a vital part of avoiding infection. A liquid bacterial soap is best. You should not eat, smoke or touch your face or eyes with your hands until they have been washed. At an emergency first aid scene, where soap and water may not be available, use sterile wipes or any other available cleaning agent until a washing facility can be reached. There is no way to stress this point strongly enough: **Always wash your hands thoroughly after handling any possibly contaminated material!**

IF AN EXPOSURE OCCURS

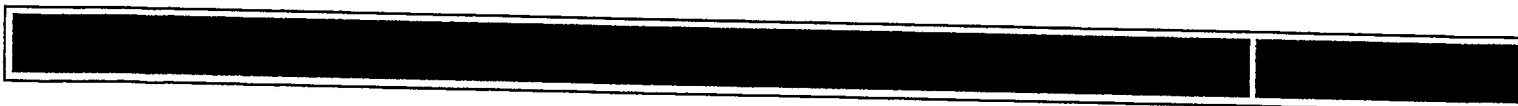
If you are ever directly exposed to blood or other potentially infectious material, wash the area contacted with bacterial soap and warm water as soon as possible. Washing should be very thorough, including, for example, under the fingernails if hands have been exposed. If material has splashed into your eyes, immediately use an emergency eyewash or another source of clean running water to flush them for at least 15 minutes. Hold the eyes open and roll them around to make certain that water reaches their entire surface. As soon as possible after washing, seek medical attention. **Always report any exposure to blood or other possibly infectious materials in the workplace to your supervisor or other designated person as soon as possible.**

24.7 CONCLUSION

Avoiding occupational exposure to bloodborne disease is not difficult. Apply Universal Precautions whenever you might be exposed to blood or other potentially infectious materials:

- always wear the appropriate personal protective equipment
- always handle and dispose of any contaminated materials safely
- and afterwards, always wash your hands, even if you have been wearing gloves

Maintain an attitude of continual self-protection and always follow safe work practices.



**PET LLC and Florida Stevedoring Inc. Cruise Terminal
Operations Porters Lifting Rules & Procedures
OSHA General Rule Clause 5 (a) (1)**

Purpose: The purpose of this Standard Operations Procedure is to establish clear instructions to ILA personnel performing as Porters during cruise vessel terminal operations.

Scope: To provide clear instructions and procedures to ILA personnel performing as Porters when lifting heavy luggage, boxes or objects thus preventing and reducing back injuries.

1. Make sure that the luggage is not damaged or have defects like damaged lifting devises/handles - rolling devises or any openings, cuts or previous tampering or miss handling. Visually inspect the luggage.
2. Before you lift, test the weight of every object by pushing it - a small size doesn't mean a light weight. And get help, if you need it.
3. Take your time lifting. Rushing will strain your muscles.
4. Bend at the hips and knees, not the lower back. Maintain proper posture with back straight and head up. Use your legs to lift.
5. Never twist. Keep the shoulders in line with the hips and face the object. Pivot at the hips, not the back.
6. Get a good grip by using handles or gripped gloves. And avoid slippery or uneven surfaces.
7. Keep the weight close to your body.
8. Look before you lift to make sure you know where you're going to place the object.
9. When lifting a very heavy luggage, box or object, seek the assistance of additional personnel. Keep your header informed.

25. BLOODBORNE PATHOGEN

25.1 PURPOSE

The Bloodborne Pathogen Exposure Program is to reduce occupational exposure to Bloodborne pathogens.

25.2 OSHA STANDARD

In the United States, the Occupational Safety and Health Administration has issued a standard requiring employers to institute a program to eliminate or minimize the risks of occupational infection from bloodborne pathogens. Employers must:

- Make a copy of the OSHA standard available to employees upon request.
- Develop a written *Exposure Control Plan*, detailing the specific measures being taken to protect people. A copy of the plan must also be available to employees upon request.
- Identify the jobs and job classifications in which employees face occupational exposure to blood or other potentially infectious material.
- Identify the specific tasks and procedures that may involve exposure and establish safe work procedures for performing those tasks.
- Use engineering and work practice controls to minimize possible infection.
- Provide any personal protective equipment required to ensure that contact with blood or other potentially infectious material can be avoided.
- Provide equipment to ensure that contaminated or infectious material can be handled and disposed of safely. This includes such things as appropriate containers for contaminated materials and disinfectants to decontaminate surfaces that have been exposed to infectious material.

The OSHA Standard also requires employers to make certain that people have been informed about bloodborne disease and trained to perform their jobs safely. Training must include:

- An explanation of the symptoms of bloodborne diseases and how they are transmitted.
- How to recognize tasks and activities that may involve exposure to blood or other potentially infectious materials.
- How to perform those tasks as safely as possible.
- The types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- The signs, labels and color codes in use to designate contaminated or infectious materials.
- The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the evaluation and medical follow-up that will be made

available.

25.3 BLOODBORNE DISEASE

The bacteria and viruses that cause disease are called pathogens. They can enter the human body in three ways. Some diseases, like tuberculosis, are caused by airborne pathogens that enter when we breathe. Some, like cholera and salmonella food poisoning, are caused by pathogens that enter through the digestive tract when we swallow.

Other diseases are caused by **bloodborne pathogens**. These pathogens are carried in the blood and certain other body fluids of an infected person. They can be transmitted when blood or other potentially infectious fluids come into contact with the blood of a healthy person. This can occur when a contaminated sharp object, like a used hypodermic needle, punctures the skin and injects the pathogen into the bloodstream; it also happens when infected blood gets onto the skin of a healthy person and the pathogen enters through an opening in the skin. Depending upon the disease, bloodborne pathogens can also be transmitted through sexual contact and through contact with the eyes and mucous membranes of the nose and mouth. There are many diseases that are caused by bloodborne pathogens - for example, malaria, syphilis and hepatitis C. Among the most serious and prevalent of them are hepatitis B and AIDS, Acquired Immunodeficiency Syndrome.

Hepatitis B

Hepatitis is a disease that attacks the liver. In fact, the word means "inflammation of the liver". There are several strains of the disease, but hepatitis B presents the greatest risk for infection in the workplace. The hepatitis B virus, or HBV causes Hepatitis B. This pathogen can be present in blood as well as in other blood-derived body fluids. It is also present in saliva, semen and vaginal secretions, in much lower concentrations. Urine and feces contain only small quantities of the virus, unless they are visibly contaminated with blood.

Modes of Transmission – HBV

HBV is a sturdy virus and highly infectious. It can remain alive on contaminated surfaces for at least a week. Since blood and blood-derived fluids contain the highest concentrations of the virus, they are the most likely vehicles for HBV transmission. It has also been demonstrated that HBV can be transmitted when infectious fluids come into contact with the eyes and mucous membranes of the nose and mouth. HBV is easily transmitted through sexual contact, and various studies have found that 40-60% of the family members of HBV carriers developed the disease through non-sexual contact.

Symptoms and Outcomes – HBV

The body can respond to hepatitis B infection in two ways. The most frequent response in healthy adults is development of self-limited acute hepatitis, and the formation of antibodies in the blood that make the person immune for life. About one-third of infected individuals

have no symptoms when infected with the virus, and about one-third experience mild flu-like symptoms that are often not diagnosed as hepatitis. But as the body rids itself of the virus, liver cells are destroyed, which, in about one-third of the cases, leads to the development of more severe symptoms including jaundice (*yellowing of the skin and eyes*), dark urine, extreme fatigue, anorexia, nausea, abdominal pain and sometimes joint pain, rash and fever. These symptoms require hospitalization in about 20% of jaundiced cases, and often result in several weeks or months of work loss even in those cases that do not require hospitalization. A small percentage of acute hepatitis B cases result in death.

The second type of response - development of chronic HBV infection - has more severe long term consequences. About 6-10% of newly infected adults cannot clear the virus from their liver cells and become chronic HBV carriers. About one-quarter of these carriers develop a relatively mild form of chronic liver disease. But one-quarter develop chronic active hepatitis, a progressive disease that often leads to cirrhosis of the liver after 5 to 10 years. It can also lead to a form of liver cancer. It has been estimated that chronic HBV infection is responsible for 2,500 to 3,000 deaths from cirrhosis in the United States alone each year.

Treatment After Exposure – HBV

Pre-exposure vaccination against hepatitis B is the most effective way to prevent infection from an exposure to the disease. However, after exposure to HBV there are effective methods of treatment to prevent the disease from developing, including immunoglobulin injections and the hepatitis B vaccination series. **In the event of an exposure, (insert company name) will offer Hepatitis B vaccinations free of charge.**

AIDS - Acquired Immunodeficiency Syndrome

AIDS is a disease that destroys the body's ability to defend itself against infection by attacking the immune system. It is caused by the human immunodeficiency virus, or HIV. The virus has been found in human blood, semen, vaginal secretions, breast milk, saliva, tears, urine, cerebrospinal fluid and amniotic fluid.

Modes of Transmission – HIV

To date, only blood, semen, vaginal secretions and breast milk have been implicated in the spread of HIV. HIV can be transmitted from mother to child around the time of birth, and it can be transmitted through blood transfusions and tissue transplants when the material has come from an infected donor. But HIV is transmitted almost exclusively through sexual contact or through direct blood to blood contact - for example when a healthy person uses a hypodermic needle that has been contaminated by the blood of an infected person, or when contaminated blood comes into contact with the broken skin of a healthy person.

HIV is not transmitted by casual contact. Studies of the families of people with aids have shown that AIDS is not spread through normal family activities, even when other family members were unaware of the infected person's HIV status and had taken no precautions. Shaking hands, talking, sharing food, eating utensils, plates, drinking glasses or towels, sharing the same household facilities and engaging in non-sexual

hugging and kissing did not result in infection. As long as there was no sexual activity and no direct blood to blood contact, there were no recorded transmissions of HIV. In the workplace, protecting yourself against HIV and AIDS means avoiding contact with an infected person's blood. If you come into contact with blood that carries HIV, then you may be at risk for developing AIDS.

Symptoms and Outcomes – HIV

After contracting HIV, an individual may develop no symptoms except a swelling and discomfort in the lymph nodes that lasts more than 3 months. More often, within a month of infection with HIV and individual may experience mononucleosis-like symptoms that can include fever, swollen or tender lymph nodes, diarrhea, fatigue and rash. These symptoms will usually disappear after six to twelve weeks, and the person will show no further symptoms for months or years. However, the person can transmit the virus to others throughout this time. Data indicates that people infected with HIV will eventually develop AIDS. The symptoms of AIDS can vary extensively. Some patients may experience severe weight loss, chronic diarrhea, constant or intermittent weakness and fever for 30 days or longer. These, by themselves, may result in death. The disease can also cause brain and neural disorders. Usually the impairment of the immune system would rarely develop, for example, pneumonia. This infection is the most common cause of death in AIDS patients.

Treatment After Exposure – HIV

There is a drug available that may prolong the life of some people with AIDS, but there is currently no treatment that can cure the disease or prevent its development. As far as we know, AIDS is always fatal.

25.4 UNIVERSAL PRECAUTIONS

There is no way to tell by looking at a person whether or not that person is carrying a bloodborne pathogen. Anyone of any age, race or sex can be infected with hepatitis B, HIV or other bloodborne disease and still appear perfectly healthy. As a result, all exposure control plans are based upon the concept of Universal Precautions. Staying healthy depends upon **always** following safe work practices whenever you may be exposed to bloodborne pathogens. Applying Universal Precautions means you must always assume that blood or other potentially infectious material is carrying a disease, and always take the necessary measures to protect yourself. **To avoid infection with a bloodborne disease, you must maintain an attitude of continual self-protection.** The specific procedures you must follow may vary, depending upon your particular situation you face. But applying Universal Precautions will always involve the same basic work practices.

OSHA Hepatitis B Declination Statement

It is suggested that all first aiders trained in BBP should receive a Hepatitis B Vaccination. If this is declined the first aid person should be offered the Hepatitis B Declination Statement to endorse. (copy of statement listed below)

OSHA Hepatitis B Declination Statement

When the waiver is signed, no words may be added or deleted to the exemption. IT MUST BE EXACTLY AS WORDED BELOW. Copy the form, print, have employee sign and turn in to your human resource department to be filed. Found at: <http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>

*The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis b, hepatitis b vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis b vaccination at a later date if they remain occupationally at risk for hepatitis b.*

Declination Statement: 1910.1030 App A

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis b vaccine, at no charge to me; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis b, a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

25.5 PERSONAL PROTECTIVE EQUIPMENT

Wearing personal protective equipment is usually an important part of applying Universal Precautions. The PPE worn must always be appropriate to the situation.

Gloves

Whenever hands might come into contact with any potentially infectious material or with contaminated surfaces, gloves are required. They must be made of latex or some other

impermeable material that will not allow fluids to pass through.

Disposable (Single Use) Gloves

In medical or first aid situations surgical or examination type gloves are normally used. Where exposure to a large quantity of blood is likely, or where gloves might be damaged during a procedure, wearing two pairs (*double-gloving*) is recommended. These gloves may not be decontaminated for re-use. They must always be discarded as soon as possible. When removing disposable gloves, care must be taken not to allow the outside surfaces to come into contact with bare skin. A good procedure to follow is:

1. Grasp the top or wrist of one glove, being careful not to touch anything but the glove.
2. Pull the glove off, turning it inside out. Continue holding the glove.
3. Insert a finger into the top of the other glove, being careful not to touch its outside surface.
4. Pull the glove off, turning it inside out and pulling it over the first glove. Both gloves should now be inside out, one inside the other.
5. Discard both gloves into an approved waste container.

Utility Gloves

For some tasks, like cleaning up and decontaminating after a blood spill, household type utility gloves are acceptable. These gloves may be decontaminated and re-used, provided they are not cracked, peeling, torn, punctured, discolored or deteriorating in any way. If they are not in perfect condition they should be discarded. **When wearing any type of possibly contaminated gloves, avoid touching any surfaces unnecessarily to limit the spread of contamination. To avoid infection, NEVER touch your face or rub your eyes with contaminated gloves!**

Eye Protection, Masks and Face Shields

Whenever blood or other potentially infectious material can splash, spray or spatter and might contaminate the eyes, nose or mouth, additional protection is required. A mask may be used in combination with goggles or glasses that have solid side shields. A chin length face shield may also be used.

CPR Masks

Transmission of bloodborne disease during CPR or rescue breathing is less likely than through direct blood to blood contact because the concentration of pathogens in saliva is much lower than in the blood. But performing CPR may present a risk, especially if blood is present in the victim's mouth. A one-way CPR mask should be placed over the victim's nose and mouth to avoid coming into contact with body fluids. In some situations, a gown or apron may be required to keep contamination away from the body and clothing. **Use the PPE that will protect you from any reasonably anticipated exposure.**

25.6 SAFE HANDLING & DISPOSAL

Applying Universal Precautions also involves following safe work practices at all times. Potentially infectious materials and any contaminated materials must always be handled safely and disposed of correctly.

The symbol itself must be orange-red, or it must be used on a background that is predominantly fluorescent orange or orange-red. Red bags or red containers may be substituted for biohazard warning labels, and all employees must be aware that the color red indicates material that is a biohazard. The biohazard symbol should also be used as a warning on any contaminated equipment until the equipment can be disinfected.

Sharp Objects

A sharp object that has been contaminated with blood or other potentially infectious material is extremely hazardous. A puncture wound can introduce bloodborne pathogens directly into the bloodstream.

At an accident scene, first aid providers must be careful to avoid glass, pieces of metal or any other contaminated sharp objects that might cause a cut or puncture wound.

Remember that rubber or latex gloves will not provide protection against a puncture wound. Cleanup crews should not handle contaminated sharp objects unnecessarily. Use pieces of cardboard to sweep up glass or metal, or use a broom and dustpan. Very small fragments can be picked up with a thick dampened cloth or with several layers of paper towels. **Brooms, dustpans or any other equipment used in cleanup must either be discarded or decontaminated as soon as possible.**

People who perform housekeeping and custodial services should be especially alert in washroom facilities. Hypodermic needles are sometimes carelessly discarded by people taking medication or by drug abusers. To avoid the chance of ever being stuck, never compress the contents of a trash receptacle with your hands or feet. If you ever discover a needle or other possibly contaminated sharp object, report it to your supervisor and make certain it is disposed of in a approved container.

Sharps Containers

All contaminated sharp objects must be place in an approved container immediately or as soon as feasible. The container must be:

- red or labeled with the biohazard symbol
- leak-proof on the sides and bottom
- puncture resistant - sharp objects must not be able to pierce the container
- closable - the top must fit securely

Containers for sharp objects must be held in an upright position throughout use. They should not be overfilled to the point that capping them becomes hazardous. And they should be capped before they are moved. Most containers are disposed of along with their contents. If leakage is possible, the container must be placed inside another, leak-proof container. Reusable containers must not be opened, emptied or cleaned in a way that exposes a person to the possibility of being cut or receiving a puncture wound.

Other Contaminated Materials

Anything that has come into contact with blood or other potentially infectious material

has become contaminated. This can include work surfaces, machinery, materials used during first aid procedures, clothing and personal protective equipment. To avoid infection and to keep from spreading contamination further, safe work practices are essential. **Never handle possibly contaminated materials without wearing gloves and any other appropriate PPE. Avoid letting your gloves or any other contaminated material come into contact with uncontaminated surfaces.**

Disposal

Whether it be disposal or decontamination Port Everglades Terminal LLC personnel will not be involved. A yet to be determined approved external waste service will be contacted for clean-up, disposal, and transport of the BBP waste off terminal.

Contaminated materials must be placed in an approved container. The container must be:

- red or labeled with the biohazard symbol
- leak proof
- able to be sealed to prevent leakage or spilling

The container must be sealed before it is moved. If the outside surface becomes contaminated, then it must be placed inside a second, similar container. To make certain that the outside surface of a container is not contaminated, the "double bag" procedure is recommended:

If water, hydraulic oil or any other liquid at an accident scene contains visible blood, it must be treated as contaminated material. You can use sorbent or adsorbent granules to soak up the liquid, and dispose of them in an approved container. Any reusable equipment used in cleanup must be discarded or decontaminated, as well as the surfaces that were in contact with the liquid.

Decontamination

When blood or other potentially infectious material has come into contact with a work surface, machinery or the surfaces of sinks and other restroom fixtures, use an approved disinfectant to decontaminate the affected areas. **A one to ten dilution of ordinary household bleach and water is recommended - approximately 1 1/2 cups of bleach added to 1 gallon of water.** If

possible, begin by covering the contaminated area with paper towels (*of an absorbent cloth*). Pour the bleach solution over the paper towels, allow it to soak through, and wipe the area. Then pour more bleach solution over the area and use fresh paper towels to wipe it clean and dry. Some equipment may be damaged by bleach, and another disinfectant may be required. Please remember that not all disinfectants will destroy HBV and HIV. You must be absolutely certain that the disinfectant you use will kill bloodborne pathogens!

Regulated Waste

Regulated waste is contaminated or infectious material that must be disposed of at an approved waste disposal facility. Exactly what material is regulated may vary according to state or local laws. However, regulated waste will always include: contaminated sharp objects; liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious material if compressed and items that are caked with dried blood that could flake off and be released during handling. Some facilities treat all contaminated material as regulated waste to be shipped to a waste disposal facility. Make certain you know the procedures in effect at your facility for final disposal of waste containers.

WASH YOUR HANDS

Hand washing after handling possibly infectious or contaminated materials is a very important part of Universal Precautions. Even if you have been wearing gloves, washing your hands vigorously and thoroughly with soap and warm water is a vital part of avoiding infection. A liquid bacterial soap is best. You should not eat, smoke or touch your face or eyes with your hands until they have been washed. At an emergency first aid scene, where soap and water may not be available, use sterile wipes or any other available cleaning agent until a washing facility can be reached. There is no way to stress this point strongly enough: **Always wash your hands thoroughly after handling any possibly contaminated material!**

IF AN EXPOSURE OCCURS

If you are ever directly exposed to blood or other potentially infectious material, wash the area contacted with bacterial soap and warm water as soon as possible. Washing should be very thorough, including, for example, under the fingernails if hands have been exposed. If material has splashed into your eyes, immediately use an emergency eyewash or another source of clean running water to flush them for at least 15 minutes. Hold the eyes open and roll them around to make certain that water reaches their entire surface. As soon as possible after washing, seek medical attention. **Always report any exposure to blood or other possibly infectious materials in the workplace to your supervisor or other designated person as soon as possible.**

25.7 CONCLUSION

Avoiding occupational exposure to bloodborne disease is not difficult. Apply Universal Precautions whenever you might be exposed to blood or other potentially infectious materials:

- always wear the appropriate personal protective equipment
- always handle and dispose of any contaminated materials safely
- and afterwards, always wash your hands, even if you have been wearing gloves

Maintain an attitude of continual self-protection and always follow safe work practices.

Port Everglades Terminal (PET) LLC Security
Farovi Shipping- Florida Stevedoring Inc.
Drug and Alcohol-Free workplace



HUMBERTO Lopez, (Ret) SGT USMC
SENIOR DIRECTOR OF SECURITY, FSO & VSO
PORT EVERGLADES TERMINAL LLC

PROPRIETARY CONFIDENTIAL /SENSITIVE SECURITY INFORMATION. 00 NOT PHOTOCOPY

Warning: This record contains sensitive security information controlled under 49 CFR parts 15 and 1520. No part of this record may be disclosed to persons without a "Need to Know" as defined in 49 CFR parts 15 and 1520, except with the written permission of the Administrator of the Transportation Security Administration or the Secretary of Transportation. Unauthorized release may result in a civil penalty or other action. For U.S. Government Agencies, Public disclosure is governed by 5 U.S.C. 552 and 49 CFR 15 and 1520. Information contained in this report is confidential pursuant to applicable Federal, State, and Local Statutes.

18. DRUG AND ALCOHOL-FREE WORKPLACE

DRUG AND ALCOHOL FREE WORKPLACE

18.1 PURPOSE

FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC recognizes the problems which drug abuse have created in the Maritime Industry and the need to develop drug abuse prevention programs. **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC** has amended its Drug and Alcohol Prevention Program to comply with Federal Regulations Part IV, Department of Transportation, Research and Special Programs administration, 49 CFR Part 199, "Control of Drug Use in Natural Gas, Liquefied Natural Gas, and Hazardous Liquid Pipeline Operations.

18.2 SCOPE

This revised Drug and Alcohol Prevention Program is effective on February 1, 2008. The provisions of this Drug and Alcohol Prevention Program are applicable to all employees of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC**.

Implementation and continued enforcement of the Drug and Alcohol Prevention Program is subject to appropriate local, state, and federal laws as well as any collective bargaining agreements, and customer requirements.

18.3 GENERAL PROVISIONS

It is the intent of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC** to provide a drug free working environment by maintaining a strong drug and alcohol prevention program as part of our safety program which ensures that all employees are healthy and fit for work.

18.4 REASONABLE SUSPICION

Non-ILA employees who exhibit through identification of abnormal job performance or behaviors, which suggest that drug or alcohol abuse may be a factor, may be requested to test for the presence of alcohol or drug test.

18.5 RANDOM TESTING

All ILA employees may undergo unannounced drug testing based on SEFEPA supervised drug testing programs

18.6 POST ACCIDENT TESTING

Will involve any employee in an accident or contributing to an accident as defined in this policy.

Being under the influence of alcohol by any employee while performing company business is prohibited to the extent that such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company facility.

18.8 LEGAL DRUGS

Except as provided below, the use or being under the influence of any legally obtained drug by any employee while performing company business is prohibited to the extent such use or influence may affect the safety of co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the company equipment.

An employee may continue to work, even though under the influence of a **legal drug** if Upper Management has determined that the employee does not pose a threat to their own safety or the safety of their co-workers and that the employee's job performance is not significantly affected by the legal drug. Otherwise, the employee may be required to take a leave of absence or comply with other appropriate action determined by Management.

18.9 EMPLOYEE'S REPORTING REQUIREMENTS - LEGAL DRUGS

For certain job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee or others. Employees who feel or have been informed that the use of a legal drug may present a safety risk are to report such drug use to management to determine job related consequences. Supervision that is aware of such a situation is to instruct the employee to report to the Management.

18.10 ILLEGAL DRUGS

The use, sale, purchase, transfer or possession of an illegal drug by an employee while at the company or while performing company business is prohibited. The presence in detectable amount of any illegal drug in an employee while performing company business or while in a customer or company facility is prohibited.

18.11 DISCIPLINARY ACTION

Violation of the Policy can result in disciplinary action, up to and including suspension and or termination, even for the first offense.

18.12 CUSTOMER OR OWNER REQUIREMENTS

It is understood that **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC.** may, under the provisions of the agreement, retain the right to search employees and their belongings for drugs, controlled substances, alcohol, or firearms while working on behalf of the Company.

SEARCHES

1. Searches of an employee and their personal property may be conducted when there is Reasonable Suspicion that the employee is impaired from performing their job or: in an "Unfit Condition"; and "Incident on duty"; "Post Accident", "Reasonable Suspicion", or when Management believes the possession of alcohol or drugs may be occurring in violation of the company policy.
2. Searches and/or screening of employees and their personal property may otherwise be conducted on any employee who contributed to an accident or where there is Reasonable Suspicion to believe that the accident resulted from drug abuse.
3. An employee's consent to a search is required as a condition of employment and the employee's refusal to consent may result in disciplinary action, including termination, even for a first refusal.
4. Searches of company facilities and property can be conducted at any time and do not have to be based on Reasonable Suspicion.
5. Searches of clothing and personal effects will be conducted under the direct supervision of Management accompanied by a witness.

18.14 DISPOSITION OF UNCOOPERATIVE EMPLOYEES

Employees who refuse to cooperate with the search procedures will not be forced to comply but will be informed that failure to comply will be grounds for removal from the employer's premises. Those employees who refuse the search procedures will not be granted admittance to the facility since they have failed to comply with the basic company policy.

18.15 CONTRACT PERSONNEL

The policy and provisions stated in all sections above are applicable to contract personnel. Violation of these provisions or refusal to cooperate with implementation of the policy can result in the company's barring contract personnel from company facilities or participating in company operations.

18.16 DEFINITIONS

"Under the influence" means, for the purposes of this policy, that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, or to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. A determination of influence can be established by a professional opinion, a scientifically valid test and, in some cases such as alcohol, by a layperson's opinion.

"Illegal drug" means any drug; (a) which is not legally obtained, or (b) which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes. It also includes marijuana.

18.17 NOTIFICATION

1. When an employee is observed in an "Unfit Condition" such as any of those specified in this policy that requires further investigation, testing, or searches, this "Condition" shall be immediately reported by the employee's supervisor and the HSE Manager and/or their designate.

2. Upon notification to the employee's supervisor and/or their designate, appropriate action as outlined in this policy is to be taken, i.e., testing of the employee, implementing search procedures, etc.

18.18 UNFIT CONDITION

1. The decision to test a company employee for alcohol and drugs while on duty will be done by a meeting of the employee's supervisor and at least one other supervisor and the HSE Manager and/or their designate. While at the facility, the designated company representative must also be notified.
2. The search procedure shall be initiated as part of any observation as an integral part of the screening process.
3. The employee shall be escorted to a designated "off-site" medical facility for actual screening.
4. The employee will be excluded from further work at the facility pending the outcome of the test results.

18.19 INCIDENT ON DUTY

1. Any company employee refusing to submit to the alcohol and drug test will be immediately suspended from all work responsibilities without pay until all requested tests are completed; for a period not to exceed five (5) working days. If the employee chooses not to submit to the drug and alcohol screen during the five (5) day period, the employee may be considered to have voluntarily terminated employment.
2. The company employee will be excluded from further work at the facility pending the outcome of the test results.

18.20 REASONABLE SUSPICION TESTING

1. **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC** will drug test an employee for drugs and alcohol when there is Reasonable Suspicion to believe the employee is using a prohibited drug or under the influence of alcohol.
2. A decision to test will be based on specific physical, behavioral, or performance indicators of probable drug use such as:
 - a. Discovery of an employee in possession of drugs or alcohol while on duty;
 - b. Sudden change in work performance;
 - c. Sudden change in attitude;
 - d. Minor, yet consistent avoidable accidents;
 - e. Observations of extreme behaviors, i.e.;
 - Slurred speech;
 - Uneven gait;
 - Mood swings;
 - Violent outbursts of temper.
 - f. Excessive Absenteeism;
 - g. Pattern of consistent tardiness;
 - h. Disappearing/missing from designated work site without the supervisor awareness;
 - i. Consistently in areas where employees should not be or has reason to be.

3. Before an employee is terminated, the company's supervisors will substantiate and concur in the decision to request a drug test. One of the two supervisors must have observed the behavior. The two supervisors may concur by telephone.
4. When a negative test result is received, the employee will be put back to work.
5. When a confirmed positive test result is received, the employee will be advised in writing of their termination of employment. The written notification will include the reason for the termination, the conditions under which rehire could be considered and specific recommendation to seek professional assistance.

18.21 ACKNOWLEDGEMENT OF DRUG & ALCOHOL PREVENTION PROGRAM

I, the undersigned employee of **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC & PORT EVERGLADES SECURITY LLC**, acknowledge that I have received, read, and understand the Company's Policy and Procedure for responding to drugs and alcohol in the workplace. I have had an opportunity to have any/all aspects of this Policy and Procedure explained to me. I understand that this Policy and Procedure are terms and conditions of my employment. Violation of this Policy or any aspect of the Procedures may result in my termination. I agree to abide by the contents herein described.

EMPLOYEE'S SIGNATURE

DATE

WITNESS'S SIGNATURE

DATE



The .gov means it's official.

Federal government websites often end in .gov or .mil. Before sharing sensitive information, make sure you're on a federal government site.



The site is secure.

The **https://** ensures that you are connecting to the official website and that any information you provide is encrypted and transmitted securely.



Occupational Safety and Health Administration

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Establishment Search

Reflects inspection data through 08/07/2025

Use our establishment search to locate OSHA enforcement inspections by establishment name. You can also search by a specific inspection number or inspections within a specific industry using NAICS or SIC.

You can now find citation information for violations that Federal OSHA has cited.

For violation and citation results:

- Enter the establishment name in the "Establishment" box and select the "Search" button at the bottom;
- Select the Activity Number (inspection) in the search results;
- If a citation was issued, it will appear under "Violation Items"; and
- Select the "Citation ID" to view the details for that specific citation.

Continue to check back for updates, as citations or violations may be modified during the investigation process.

⚠ Note: Before using our establishment search, please read important information below on how to interpret the results.

Search By:

Your search did not return any results.

Enter an Establishment name, select an OSHA Office, or enter a Site Zip Code.

Establishment

FAROVI SHIPPING CORPORATION

(This field can also be used to search for a State Activity Number for the following states: NC, SC, KY, OR, WA, IN (before April 2022) and AZ (after June 2021))

State

All States



Fed & State



OSHA Office

All Offices



Site Zip Code

Case Status



All



Closed



Open

Inspection Date

Start Date August ▼ 11 ▼ 2020 ▼

End Date August ▼ 11 ▼ 2025 ▼

[Search](#) [Reset](#)**Can't find it?**[For Wildcard search, use %](#)[Establishment Search Help](#)[Search Basics and Search Syntax Examples](#)**NOTE TO USERS**

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

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

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

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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. **Farovi Shipping Corporation, its Officers, Directors and Employees are fully committed to protect, maintain and whenever possible enhance the environment of our work place at the port.**

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.

Our ability to promote and develop growth at Port Everglades dates back to 1962 when Farovi Shipping Corporation was granted its steamship agency franchise and it is our intention to continue promoting its agency and husbandry services at this Port in the future. Our experience speaks for itself and would like to point out that our main interest is to try to bring in new business opportunities, not to solicit businesses being handled by our other colleagues. We have performed agency services for many lines such as Fred Olsen Express LLC, Compania Sud Americana de Vapores, S.A. (CSAV), Mediterranean Shipping (MSC) and Hapag Lloyd. In essence, we are a very active organization at Port Everglades along with our incorporated company, Florida Stevedoring Inc. which handles the stevedoring and terminal (cargo handling) services for MSC thru our sister company, Port Everglades Terminal LLC (PET).

Section Q - Part 4

19. HAZARD COMMUNICATION & CONTROL PROGRAM

HAZARD COMMUNICATION AND CONTROL PROGRAM

19.1 TITLE AND PURPOSE

This document is the **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.'S** program for HAZARD COMMUNICATION AND CONTROL. Its purpose is to set forth guidelines and procedures for the proper handling, storage of hazardous substances to ensure a healthful and safe environment for all persons engaged in activities at the company's facility.

Upon request, this document shall be made available to employees, their designated representative, and authorized, State, or Federal safety officials.

19.2 LEGAL REFERENCES

It is the intent of this document to reflect and incorporate the legal requirements of: OSHA Section 1910.1200, as they apply to Hazard Communication Standards.

19.3 SITE OFFICER

The HSE Manager and/or their designate will be the site Officer for the Hazard Communication Program. The HSE Manager and/or their designate will be responsible to coordinate and manage the company Hazard Communication Program.

As appropriate, the HSE Manager and/or their designate may designate key personnel to assist with the Hazard Communication Program.

It is the responsibility of HSE Manager and/or their designate to ensure that storage, handling of hazardous substances takes place in accordance with the guidelines and procedures set forth in this document.

19.4 HAZARD DETERMINATION AND DISCLOSURE

Hazardous substances are those chemicals that are designated as hazardous by one of the following: the manufacturer; by the Safety Data Sheet or Emergency Response Guidebook (ERG); or if they are listed on the "Directors List" of hazardous chemicals, or similar Government List.

Manufacturers and suppliers are required to provide health and safety information to their customers on hazardous substances purchased. This is done through the

use of Safety Data Sheets (SDS) or Emergency Response Guidebook (ERG), which must be provided to the purchaser prior to, or at the time of shipment.

Valuable information for the safe use, handling and disposal of chemical materials on the site may be obtained from the manufacturer or supplier in the form of a Safety Data Sheet (SDS). Each SDS describes the physical and chemical properties of one chemical material or substance. It also provides information for first aid treatment and special personal protection, procedures for cleanups, and precautions for storing and handling that are appropriate to the material.

The Safety Data Sheet is designed to inform the user of the properties of the material and to suggest proper controls for protecting employees, property and the environment against injury or damage. The data sheet also helps the user set up and maintain appropriate controls so that he can avoid preventable accidents.

HAZARD COMMUNICATION AND CONTROL

The company is mandated by law to maintain copies of the required SDS for each hazardous substance in the workplace and to ensure that these are readily accessible to employees when they are in their work area(s).

1. An ongoing inventory shall be taken and a complete and current list, including quantity, of all hazardous substances shall be compiled for each area where such substances are stored. The inventory shall be reported to the HSE Manager, Security Officer and or their designate.
2. It shall be the responsibility of HSE Manager and/or their designate to ensure that current copies of Emergency Response Guidebook and Hazardous inventory are maintained in a current status, and posted or filed in the work place.
3. In the event of an incident and further information is required the HSE Manager and/or their designate will rely upon the manufacturer's determination of hazardous material as stated in the information provided on their published Safety Data Sheet (SDS) or Emergency Response Guidebook (ERG) and the designated government lists of hazardous substances.

19.5 LABELS AND OTHER FORMS OF WARNING

1. In accordance with 49 CFR parts 100-185 each Shipping Container, which contains hazardous substances, must be properly labeled, tagged, or clearly marked with appropriate hazard warnings.
2. Substances that do not have the proper label and/or cannot be identified shall not be used, handled, or stored. In such cases the HSE Manager

and/or their designate must be notified immediately. The material must then be identified and properly labeled or removed from the site under the direction of the HSE Manager and/or their designate.

19.6 EMPLOYEE INFORMATION AND TRAINING

1. At each department, or area where hazardous substances are used or stored, employees shall be provided with information and training on:
 - a. How to handle hazardous materials safely and use personal protective equipment.
 - b. Where to find and how to use Safety Data Sheets (SDS) and Emergency Response Guidebook (ERG) and Hazardous Inventory.
 - c. Potential physical and health hazards associated with the use of hazardous substances or mixtures.
 - d. Methods and observations used to detect the presence or release of hazardous substances in the workplace.
 - e. General safety precautions necessary to prevent or minimize exposure to hazardous substances.
 - f. Throughout the company, employees shall be informed whenever any temporary activity involving the use of hazardous materials is to take place. In such cases, employees shall be informed of the nature of the activity and advised of any necessary precautions or potential hazards to be avoided.
 - g. Employees shall be advised of the location and availability of the company's written Hazard Communication and Control program.
 - i. Employees shall be advised:
 - 1). Of the right of the employee and/or the employee's physician to receive information regarding hazardous substances to which the employee may be exposed.
 - 2). That the employee is protected against any form of discrimination due to the employee's exercise of the rights afforded to the provisions of the Hazardous Substances Information and Training Act.

19.7 OUTSIDE CONTRACTORS

Whenever outside visitor, trucker, contractors, vendors, suppliers, or emergency responders enter or work at/in the company where hazardous substances are stored or utilized, **the supervisor of that area/department shall inform them that their employees may encounter hazardous substances while performing**

their work and provide the visitors with access to Safety Data Sheets (SDS) and suggested appropriate protective measures.

Whenever it becomes necessary for an employee to perform an unfamiliar, non-routine task, which involves exposure to or utilization of a hazardous substance, **the employee's supervisor shall ensure that the employee receives appropriate safety and hazard awareness training prior to the work.**

19.8 STORAGE OF HAZARDOUS SUBSTANCES

1. To the maximum extent possible, all poisons, acids, and flammable chemicals shall be stored separately from all other substances, preferably in designated storage areas or cabinets that are approved for the type of exposure anticipated.
2. The HSE Manager and/or their designate shall schedule periodic inspections to ensure that all hazardous substances within the company are appropriately labeled and stored.
3. Chemicals and substances utilized in maintenance, and which are particularly vulnerable to incompatibility and possible adverse reaction or accident due to improper storage, should be minimized. To the maximum extent possible, for storage purposes, chemicals and substances should be separated into organic and inorganic groupings and further sorted into compatible families within the two major groupings.

20. HAZARDOUS WASTE MANAGEMENT PROGRAM

DISCLOSURE PROCEDURE FOR EMERGENCY RESPONDERS AND EMERGENCY RESPONSE PLAN FOR HAZARDOUS SPILLS

1. Compulsory Federal Law provides that counties adopt ordinances mandating that businesses or persons using, handling, or storing hazardous materials provide information regarding the location, type and health risks of such materials to emergency responders such as fire department and paramedics.
2. To comply, **FLORIDA STEVEDORING INC. & PORT EVERGLADES TERMINAL LLC.** will provide the designated area the Hazardous Chemical Inventories and Emergency Response Plans. Currently the law applies only to businesses or persons using, storing or handling hazardous materials where:

THERE IS AN ESTIMATED TOTAL YEARLY USE IN EXCESS OF 55 GALLONS OF LIQUIDS, 500 POUNDS OF SOLIDS, OR 200 CUBIC FEET OF GASEOUS SUBSTANCES.

Each department shall maintain an inventory of all hazardous chemicals, the quantities, and the Safety Data Sheets. The updated inventories shall be sent to the Safety Superintendent's office monthly. The HSE Manager and/or their designate office shall assist in coordinating the program.

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ENVIROS

Enforcement Action Advanced Search

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

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

Criteria selected:

Facility Name = **FAROVİ SHIPPING CORPORATION**

Searching For = Search all facilities

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

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

F - Provides a facility summary report.

P - Provides facility-related permit information.

M - Provides a GIS map focused on the facility.

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

Records on this page = 0 of 0

There are no facilities that meet your criteria.

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

 *nexus-portal-webapp — 3.8.34.*
Office of Technology and Information Services
java8 [Site Map](#) — For Assistance Please Contact — (850) 245-7555 — [Contact Us](#)



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

☐ **VESSEL BUNKERING**

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

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

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

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

☐ **VESSEL OILY WASTE REMOVAL**

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

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

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

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

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

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

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

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

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

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

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

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

☐ **MARINE TERMINAL SECURITY**

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

Section N2- A copy of all manufacturers recommended service intervals and name of

company contracted to provide such services on all aforementioned equipment.

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

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

Include equipment operator certificates, if any.

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

a. A copy of the Applicant's State of Florida Business License.

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

Section P3- SECURITY GUARDS / SUPERVISORS

a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

b. Provide historic annual turnover ratio for security guards.

c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.

f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.

g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

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

Port Everglades Tariff 12

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

Date Signed August 1, 2025

Signature name and title - typed or printed Jorge P. Rovirosa, President

Witness Signature (*Required*)

Witness name-typed or printed Frank V. Rovirosa

Witness Signature (*Required*)

Witness name-typed or printed Maylen Montoto

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

Name Jorge P. Rovirosa

Title President

Address Farovi Shipping Corporation

Phone (305) 373-4765, ext. # 404

2541 SW 27th Avenue

Miami, Florida 33133