

Bid Form

Please return this Bid Form along with any required documentation (see below) to the Office of the City Secretary by the bid's due date and time.

Bid General Information

Bid Number	S23936
Bid Description	Chemical, Liquid Sodium Bisulfite
Bid Abstract	This project is for the purchase, and delivery of chemical, liquid sodium bisulfite in accordance with the specifications, terms and conditions specified in the solicitation.
Buyer Email	martin.king@houstontx.gov
Post Date/Time	5/27/2011 9:01:00 AM
Close Date/Time	6/16/2011 10:30:00 AM

Bid Items

Chemical, Liquid Sodium Bisulfite

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	SODIUM BISULFATE, 40% TRUCK 4000-5000GAL	88548747000, 6810-0158960-00 Liquid 40% Sodium Bisulfite delivered by tank truck, not less than 4,000 nor more than 5,000 gallons. within 24 hours of order receipt, per specifications	Each	30000000	0.1895	\$5685000.00
Manufacturer's Name, Product Name & Product Number:		Southern Ionics				

Group Total: **\$5,685,000.00**

Demurrage Charges

Item #	Material Description	Description	Unit of Measure	Quantity	Unit Price	Line Total
1	CHARGE, MISCELLANEOUS FREIGHT	Demurrage Charge after two hours of unloading time caused by negligence on the part of the City.		2	150.00	\$300.00
2	CHARGE, MISCELLANEOUS FREIGHT	Order Cancellation Fee. Contractor Charge for failure by the City of Houston to provide notice of cancellation at least two hours prior to a scheduled delivery (No re-stocking fee will be accepted).	Each	3	150.00	\$450.00
3	CHARGE, MISCELLANEOUS FREIGHT	Order Re-route Fee. Contractor Re-route fee when the City of Houston changes location of delivery after order has been scheduled.	Each	1	150.00	\$150.00

Group Total: **\$900.00**

TOTAL BID: \$5,685,900.00

Additional Required Forms to be included:

In addition to the electronic Bid Form and the Official Signature Page, the Forms listed in Table 1 must be completed and submitted to the Office of the City Secretary on or before the date and time the bid is due:

Table 1
<u>Affidavit of Ownership</u>
<u>Drug Forms</u>
<u>Fair Campaign Ordinance</u>
<u>Statement of Residency</u>
<u>Conflict of Interest Questionnaire</u>
<u>Bidders Attachments Supply</u>
<u>Contractor Ownership Disclosure Ordinance</u>

Table 2 may list other documents and/or forms that should be viewed/downloaded from the City's website, but are not required to be submitted with the bid. The City will specify which documents and/or forms be completed and submitted to the City by the successful bidder:

Table 2
<u>MWBE</u>
<u>Sample Insurance Over \$50000</u>
<u>Formal Instructions for Bid Terms</u>
<u>EEOC</u>

If you elect not to participate in the aforementioned project, please submit the No Bid Sheet to the Buyer by the due date for the receipt of the solicitation.

OFFICIAL BID FORM FOR CHEMICAL, LIQUID SODIUM BISULFITE

OFFICIAL SIGNATURE PAGE

The respondent warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees. For breach or violation of this warranty, the City shall have the right to annul this agreement without liability or, at its discretion, to deduct from the contract prices or consideration, or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

The undersigned hereby offers to furnish and deliver the goods and/or services as specified at the prices and terms herein stated and in accordance with the Invitation to Bid, Clarification Letters, and General Terms & Conditions, all of which are made a part of this offer.

All pages of the City of Houston's bid document including but not limited to the General Terms & Conditions and page 3 three of this invitation are incorporated by reference into for all purposes.

The undersigned, as bidder, certifies that the only person or parties interested in this proposal as principals are those named herein; that the bidder has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the award of this Contract.

THIS BIDDER IS AND REPRESENTS THAT IT IS AN EQUAL OPPORTUNITY EMPLOYER.

NOTE: BID MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE BIDDER, WHICH MUST BE THE ACTUAL LEGAL ENTITY THAT WILL PERFORM THE CONTRACT IF AWARDED.

SUBMIT YOUR BID IN DUPLICATE
BID MUST BE MANUALLY SIGNED IN INK
(BLUE INK PREFERRED)

This bid opened and read
in Council Chamber

JUN 16 2011

Troy D. Lemon

NO ATTACHMENTS
CITY SECRETARY

Respectfully Submitted:

Bidder: Southern Ionics Incorporated
(Print or type name of Bidder - Full Company Name)

Vendor Number: 233631-00

Federal Identification Number: 63-0800759

By: Jack R. Weimer
(Signature of Authorized Officer or Agent)

Name: JACK R. Weimer

Title: Vice President

Date: 6/10/11

P.O. Drawer 1217
Address (Street or P.O. Box)

West Point, MS 39113
City-State-Zip Code

Telephone Number: 602 494-3055

Email Address: ktodd@southernionics.com

FAX Number: 602 495-2590

Vendor: _____ Buyer: martin.king@houstontx.gov Bid Number: S23936

Orig. Dept.:

File/I.D. No.:

INSTRUCTION: ENTITIES USING AN ASSUMED NAME SHOULD DISCLOSE SUCH FACT TO AVOID REJECTION OF THE AFFIDAVIT. THE FOLLOWING FORMAT IS RECOMMENDED: CORPORATE/LEGAL NAME DBA ASSUMED NAME.

STATE OF Mississippi
COUNTY OF Clay

§
§
§

AFFIDAVIT OF OWNERSHIP OR CONTROL

BEFORE ME, the undersigned authority, on this day personally appeared

Jack R. Weimer
Vice President
Southern Ionics Incorporated

[FULL NAME] (hereafter "Affiant"),
[STATE TITLE/CAPACITY WITH CONTRACTING ENTITY] of
[CONTRACTING ENTITY'S CORPORATE/LEGAL NAME]

("Contracting Entity"), who being by me duly sworn on oath stated as follows:

1. Affiant is authorized to give this affidavit and has personal knowledge of the facts and matters herein stated.

2. Contracting Entity seeks to do business with the City in connection with

Supply of Sodium Bisulfite
OR MATTER], which is expected to be in an amount that exceeds \$50,000.

[DESCRIBE PROJECT

3. The following information is submitted in connection with the proposal, submission or bid of Contracting Entity in connection with the above described project or matter.

4. Contracting Entity is organized as a business entity as noted below (Type (X) as applicable).

FOR PROFIT ENTITY:

NON-PROFIT ENTITY:

- SOLE PROPRIETORSHIP
- CORPORATION
- PARTNERSHIP
- LIMITED PARTNERSHIP
- JOINT VENTURE
- LIMITED LIABILITY COMPANY
- OTHER (Specify type in space below)

- NON-PROFIT ORPORATION
- UNINCORPORATED ASSOCIATION

Orig. Dept.:

File/I.D. No.:

5. The information shown below is true and correct for the Contracting Entity and all owners of 5% or more of the Contracting Entity and, where the Contracting Entity is a non-profit entity, the required information has been shown for each officer. [NOTE: IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES AND TELEPHONE NUMBERS. DO NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF E-MAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED. ATTACH ADDITIONAL SHEETS AS NEEDED.]

Contracting Entity:

Name:

Business Address [No./Street]:	Southern Ionics
[City / State / Zip Code]:	201 Commerce St.
Telephone Number:	West Point, MS 39173
Email Address:	662-494-3055 x.207
Residence Address [No./Street]:	Ktodd@southernionics.com
[City / State / Zip Code]:	
Telephone Number:	
Email Address:	

5% Owner(s) or More (IF NONE, STATE "NONE."):

Name:

Business Address [No./Street]:	Milton O. Sundbeck
[City / State / Zip Code]:	201 Commerce St.
Telephone Number:	West Point, MS 39173
Email Address:	662-494-3055
Residence Address [No./Street]:	8050 Town Creek Rd
[City / State / Zip Code]:	West Point, MS 39173
Telephone Number:	662-494-3055
Email Address:	

Orig. Dept.:

File/I.D. No.:

6. Optional Information

Contracting Entity and/or _____ [NAME OF OWNER OR NON-PROFIT OFFICER] is actively protesting, challenging or appealing the accuracy and/or amount of taxes levied against _____ [CONTRACTING ENTITY, OWNER OR NON-PROFIT OFFICER] as follows:

Name of Debtor: _____
Tax Account Nos.: _____
Case or File Nos.: _____
Attorney/Agent Name: _____
Attorney/Agent Phone No.: _____
Tax Years: _____

Status of Appeal [DESCRIBE]:

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the Contracting Entity, that Affiant is associated with the Contracting Entity in the capacity noted above and has personal knowledge of the accuracy of the information provided herein, and that the information provided herein is true and correct to the best of Affiant's knowledge and belief.

Jana B. Wein
Affiant

SWORN TO AND SUBSCRIBED before me this 9th day of June, 2011



Dana F. Smith
Notary Public

NOTE:

This affidavit constitutes a government record as defined by Section 37.01 of the Texas Penal Code. Submission of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code. Attach additional pages if needed to supply the required names and addresses.

**CONTRACTOR SUBMISSION LIST FORM
CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE**

The City of Houston Fair Campaign Ordinance makes it unlawful for a Contractor to offer any contribution to a candidate-for City elective office (including elected officers-elect) during a certain period of time prior to and following the award of the Contract by the City Council. The term "Contractor" includes proprietors of proprietorships, partners or joint venturers having an equity interest of 10 percent or more for the partnership or Joint Venture, and officers, directors and holders of 10 percent or more of the outstanding shares of corporations. A statement disclosing the names and business addresses of each of those persons will be required to be submitted with each bid or proposal for a City Contract. See Chapter 18 of the Code of Ordinances, Houston, Texas for further information.

This list is submitted under the provisions of § 18-36(b) of the Code of Ordinances, Houston, Texas, in connection with the attached proposal, submission or bid of:

Firm or Company Name: Southern Ionics Incorporated

Firm or Company Address: P.O. Drawer 1217 West Point, MS 39773

The firm/company is organized as a (Check one as applicable) and attach additional pages if needed to supply the required names and address:

SOLE PROPRIETORSHIP

Name _____

Proprietor

Address

A PARTNERSHIP

List each partner having equity interest of 10% or more of partnership (if none state "none")

Name _____

Partner

Address

Name _____

Partner

Address

A CORPORATION

LIST ALL DIRECTORS OF THE CORPORATION (IF NONE STATE "NONE")

Name Milton O. Sundbeck P.O. Drawer 1217 West Point, MS 39773

Director

Address

Name Stefan Mitchener Same

Director

Address

Name James L. Stafford Same

Director

Address

CONTRACTOR SUBMISSION LIST FORM (CONTINUED)

LIST ALL OFFICERS OF THE CORPORATION (IF NONE STATE "NONE")

Name Milton O. Sundbeck, President same
Officer Address

Name Stefan Mitchener, VP/Sec. same
Officer Address

Name Jack R. Weimer, VP same
Officer Address

LIST ALL INDIVIDUALS OWNING 10% OR MORE OF OUTSTANDING SHARES OF STOCK OF THE CORPORATION (IF NONE STATE "NONE")

Name Milton O. Sundbeck same
Owner Address

Name _____
Owner Address

Name _____
Owner Address

I certify that I am duly authorized to submit this list on behalf of the firm, that I am associated with the firm in the capacity noted below and that I have personal knowledge of the accuracy of the information provided herein.

Khristy D. Todd
Preparer

Khristy D. Todd
Printed name

manager corporate Adm.
Title

NOTE: This list constitutes a government record, as defined by § 37.01 of the Texas Penal Code.

STATEMENT OF RESIDENCY
(Please submit in duplicate with your Bid Form)

The following information is required by the **City of Houston** in order to comply with provisions of state law, **TEX.GOV'T. CODE § 2252.001 et. seq.** (State or Political Subdivision Contracts for Construction, Supplies, Services; Bids by Nonresident).

Every bidder must affirmatively state its principal place of business in its response to a bid invitation. Failure to provide the required information may constitute a basis for rejection of your bid. Bidders' cooperation in this regard will avoid costly time delays in the award of bids by the **City of Houston**.

For this reason, each bidder is encouraged to complete and return in duplicate, with its bid, the **Statement of Residency Form**, but in any event the low bidder will be required to submit this information within five (5) calendar days after the date of receipt of notification of apparent low bidder status from the **Purchasing Section of the Finance and Administration Department**, Failure to provide all required information within this designated period may result in the apparent low bidder being considered non-responsive and non-responsible, and the second low bidder being considered for award.

TEX. GOV'T CODE , §2252.001, §(4) defines a "**Resident bidder**" as a bidder whose principal place of business* is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

TEX. GOV'T CODE , §2252.001§ (3) defines a "**Nonresident bidder**" as a bidder who is not a resident in this state.

Bidder's complete company name:

Southern Ionics Incorporated

State your business address in the space provided below if you are a **Texas Resident bidder**:

12901 Bay Park Rd Pasadena, TX 77507

State your business address in the space provided below if you are a **Nonresident bidder**:

*The **State Purchasing and General Services Commission** defines Principal Place of Business as follows:

Principal Place of Business in Texas means, for any type of business entity recognized in the **State of Texas**, that the business entity:

- has at least one permanent office located within the **State of Texas**, from which business activities other than submitting bids to governmental agencies are conducted and from which the bid is submitted, and
- has at least one employee who works in the Texas office

Form prepared by:

Khushy D. Todd

(Name)

Khushy D Todd | Manager Corp. Adm

(Title)

Date:

6/9/11

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

Southern Ionics Incorporated

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

none

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Khushi D. Jodai

Signature of person doing business with the governmental entity

6/9/11

Date

BIDDER'S ATTACHMENTS: Detail below all attachments, which are submitted, with your Bid Form. This list will be used by the City Secretary's Office to verify contents of your sealed bid submission. Labeling your bid attachments with the same titles as shown below will facilitate this process. (NOTE: This listing should also include separate attachments, which are too large, or for some other reason cannot be placed into your sealed envelope containing the bidding documents. These separate attachments should be placed in an envelope or wrapped, and should include a label clearly identifying the bidder's name and the City's bid number and title, as well as the bid-opening date.)

Product Bulletin, MSDS, Affidavit of Compliance and NSF 60 Certification

(If additional space is needed, please attach a separate sheet of paper to continue your list)

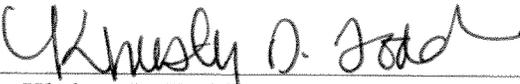
TO: City of Houston, Texas
Purchasing Division
900 Bagby
Houston, Texas 77002

AFFIDAVIT OF COMPLIANCE

Southern Ionics Incorporated certifies that all Liquid Sodium Bisulfite supplied to the City of Houston for the purpose of wastewater treatment is in compliance with the quality requirements stated in the bid document.

SO CERTIFIED on this the 9th day of June 2011.

SOUTHERN IONICS INCORPORATED

BY: 
Khristy D. Todd
Manager Corporate Administration

STATE OF MISSISSIPPI

COUNTY OF CLAY

SWORN TO AND SUBSCRIBED TO BEFORE ME this the 9th day of June 2011.


Dana Smith, Notary Public

My commission expires:





Sodium Bisulfite, 40% Aqueous Solution

PRODUCT BULLETIN

SII

CAS NUMBER: 7631-90-5

CHEMICAL FORMULA: NaHSO₃ in aqueous solution

DESCRIPTION: Sodium bisulfite is a reducing agent made available in a ready-to-use liquid form. It is manufactured by absorbing SO₂ in an alkaline solution. It is a clear, colorless to pale yellow solution with a pungent odor.

NSF CERTIFICATION: Sodium Bisulfite manufactured at Tuscaloosa, AL and Pasadena, TX are NSF-60 certified. Maximum use in potable water is 50 mg/l.

APPLICATION:

- Chemical reduction of chlorine, chlorine dioxide, and hydrogen peroxide from pulp and vent gas scrubbing processes.
- Thermomechanical pulping additive to improve strength, increase brightness, and lower pulping energy.
- Used with Borol™ (sodium borohydride) for on-site generation of sodium hydrosulfite for bleaching of mechanical pulp.
- Dechlorination of municipal and industrial waste water.
- Reducing agent for bichromate (hexavalent chromium) to the trivalent form.
- Raw material for the production of sodium thiosulfate and sodium sulfite.
- Replacement for liquefied sulfur dioxide.

CHEMICAL AND PHYSICAL PROPERTIES:

	Minimum	Maximum	Typical
*NaHSO ₃ % by wt.	38.0	42.0	40.0
*Specific Gravity @ 20°C	1.31	1.38	1.34
*pH	3.8	5.0	4.0
SO ₂ available % by wt.	23.4	25.8	24.6
Sodium Thiosulfate (ppm)	-	-	100
Density (lbs/gal)	-	-	11.2
**Iron as Fe (ppm)	-	-	<5
**Sulfate as Na ₂ SO ₄ % by wt.	-	-	0.5

*Certificate of Analysis Properties

** Specific to customer requirements and shipping point

PACKAGING: 4,500 gallon stainless-steel tank trucks, railcars, intermediate bulk containers, and 55 gallon drums.

Borol is a registered trademark of Rohm and Haas Company

(over)

NSF International

RECOGNIZES

SOUTHERN IONICS INCORPORATED
Plant At: PASADENA, TX

AS COMPLYING WITH ANSI/NSF 60.
PRODUCTS APPEARING IN THE NSF OFFICIAL LISTING ARE
AUTHORIZED TO BEAR THE NSF MARK.



Certification Program
Accredited by the
American National
Standards Institute



Certification Program
Accredited by RvA,
the Dutch Council
for Accreditation



Certification Program
Accredited by the
Standards Council
of Canada

This certificate is the property of NSF International and must be returned upon request. To verify certification, call 800 NSF-MARK or (1) 734 769-8010.

Dave Purkiss

November 23, 1998
Certificate #42650/42655A

Dave Purkiss, General Manager
Drinking Water Additives

PRODUCT NAME: SODIUM BISULFITE AQUEOUS SOLUTION

Transportation Emergencies, Call (800) 424-9300 (CHEMTREC)
Health Emergencies, contact Your Local Poison Center
Caution: Causes irritation. Avoid contact with skin, eyes or clothing.

I. PRODUCT INFORMATION

Product Name: Sodium Bisulfite Aqueous Solution **Formula:** See Below
Chemical Name: Sodium Bisulfite Aqueous Solution
CAS Number: 7631-90-5

Typical Composition	CAS #'s	%
Sodium Bisulfite (NaHSO ₃)	7631-90-5	38-44
Sodium Sulfite (Na ₂ SO ₃)	7757-83-7	<1
Sodium Sulfate (Na ₂ SO ₄)	7757-82-6	<4
Water	7732-18-5	60-65

Exposure Standard: ACGIH TWA – 5 mg/m³ for solid sodium bisulfite.

Hazard Ratings: Health = 3 Flammability = 0 Reactivity = 1
0 = Least; 1 = Slight; 2 = Moderate; 3 = High; 4 = Extreme;

II. PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

Ventilation: Use local exhaust ventilation with a minimum capture velocity of 100 ft/min. (0.5 m/sec.) at the point of vapor evacuation. Refer to the current edition of Industrial Ventilation: A Manual of Recommended Practice published by the American Conference of Governmental Industrial Hygienists for information on the design, installation, use, and maintenance of exhaust systems.

Eye: Use chemical splash goggles and face shield (ANSI Z67.1 or approved equivalent). Eye protection worn must be compatible with respiratory protection system employed.

Skin: Chemically resistant gloves should be worn whenever this material is handled. Glove permeation data does not exist for this material. The following glove(s) should be used for splash protection only: - Neoprene Gloves should be removed and replaced immediately if there is any indication of degradation or chemical breakthrough. Rinse and remove gloves immediately after use. Wash hands with soap and water.

Respiratory: A respiratory protection program meeting OSHA 1910.134 ANSI Z88.2 requirements must be followed whenever work place conditions warrant a respirator's use.

For exposure exceeding TWA and up to 10 times the TWA, wear a MSHA/NIOSH approved (or equivalent) full-facepiece, air-purifying respirator.

For exposure in excess of 10 times the TWA and up to 100 times the TWA or Unknown, wear a MSHA/NIOSH approved (or equivalent) self-contained breathing apparatus in the positive pressure mode, or, MSHA/NIOSH approved (or equivalent) full-facepiece airline respirator in the positive pressure mode with emergency escape provisions.

Air-purifying respirators should be equipped with acid gas cartridges.

Other: Where splashing is possible, full chemically resistant protective clothing (e.g. acid suit) and boots are required.

III. HEALTH INFORMATION

PHYSIOLOGICAL & HEALTH EFFECTS

Routes of Entry:

Eyes: Direct contact with material can cause the following: severe irritation
Repeated contact at high concentrations can cause the following: corneal burning

Skin: Prolonged or repeated skin contact or when confined to skin can cause the following: irritation - dermatitis

Inhalation: Inhalation of vapor or mist can cause the following: irritation of nose, throat, and lungs – coughing – shortness of breath

Ingestion: Material is harmful if swallowed.
Material can cause the following: gastrointestinal irritation – allergic reaction
Material in large doses can cause the following: abdominal pain – control nervous system depression – diarrhea – depression - death

Toxicity: LD50 in rats 2000 mg/kg orally

EMERGENCY & FIRST AID PROCEDURES

Eyes: IMMEDIATELY flush eyes with a large amount of water for at least 15 minutes. Get prompt medical attention.

Skin: Remove contaminated clothing. Wash skin thoroughly with soap and water. Get prompt medical attention. Wash contaminated clothing thoroughly before reuse.

Inhalation: Move subject to fresh air. If breathing is difficult, give oxygen. Give artificial respiration if breathing has stopped. Call a physician.

Ingestion: Induce vomiting by giving 2 glasses of water to drink and touching back of subject's throat with finger. IMMEDIATELY see a physician. Never give anything by mouth to an unconscious person.

IV. REACTIVITY DATA

Stability: This material is considered stable.

Conditions To Avoid: Avoid exposure to excessive heat.

Incompatibility: Avoid contact with the following: acids – oxidizing agents

Hazardous Decomposition

Products: Thermal decomposition may yield the following: sulfur dioxide – toxic fumes

Hazardous

Polymerization: Product will not undergo hazardous polymerization.

V. PHYSICAL AND CHEMICAL PROPERTIES

Appearance and

Odor: Clear yellow liquid, pungent odor

Boiling Point: 103°C/217°F Estimated

Melting Point: No Data

**Vapor Density
(air = 1):** > 1.0 Estimate

Vapor Pressure: 32 mm Hg Estimate

Solubility in water: Dilutable

**Specific Gravity
(H₂O =1):** 1.31 to 1.38

pH: 3.5 to 5.0

**Other (i.e. wt.
per gallon):** 10.8 to 11.3 lb/gal

VI. SPECIAL PRECAUTIONS**Handling and Storage**

Precautions: Avoid temperature extremes during storage; ambient temperature preferred. Do not store this material near food, animal feed or drinking water. Store in well ventilated area. Store away from excessive heat (e.g. steam pipes, radiators), and from reactive materials. Keep container tightly closed when not in use.

The vapor above sodium bisulfite solution contains water vapor and sulfur dioxide. The concentration of sulfur dioxide varies with conditions, temperature and the pH of the SBS being the most important. Caution is recommended in determining how and where such vapors are handled and vented. The ACGIH TWA for sulfur dioxide is 2 ppm.

Do not handle material near food, animal feed or drinking water. This material is corrosive. See the PERSONAL PROTECTION MEASURES Section prior to handling. Vapors can be evolved when material is

heated during processing operations. See FACILITY CONTROL MEASURES Section for types of ventilation required. Slight positive pressure may develop upon long-term storage in air-tight containers. Carefully relieve any pressure build-up when opening container. Wash after handling and shower at end of work period.

CONTAINERS HAZARDOUS WHEN EMPTY. Since emptied containers retain product residue (vapors and/or liquid) follow all MSDS and label warnings even after container is emptied. Empty drums should be rinsed with water before discarding. Dispose empty container in a sanitary landfill or by incineration as allowed by state and local authorities. Avoid inhalation of smoke if incinerated.

VII. FIRE PROTECTION INFORMATION

Flash Point: Not applicable **Flammable Limits:** Not flammable

Extinguishing Media: Use extinguishing media appropriate for surrounding fire.

Special Firefighting

Procedures: Move containers promptly out of fire zone. If removal is impossible, cool containers with water spray. Remain upwind. Avoid breathing noxious fumes (sulfur dioxide) from fire-exposed material.

VIII. TRANSPORTATION REQUIREMENTS

DOT Proper Shipping Name: Bisulfites, inorganic, aqueous solutions, n.o.s. (Sodium Bisulfite)

DOT Classification: 8

UN/NA Identification Number: UN2693

Packing Group: III

Other Labels: Corrosive

IX. SPILL AND LEAK PROCEDURES

Precaution if Spilled or Released: Contain spills immediately with inert materials (i.e. sand, earth). Evacuate and ventilate spill area. Avoid all contact. Transfer liquids and solid diking material to separate suitable containers for recovery or disposal. CAUTION: Keep spills and cleaning runoff out of municipal sewers and open bodies of water.

Neutralizing Chemicals: Sodium Bisulfite may be neutralized with sodium hydroxide, or soda ash to neutral pH. Avoid acidic conditions (i.e. pH <5.0), since under acidic conditions, sulfur dioxide a poisonous gas can be released.

Waste Disposal Methods: For disposal, incinerate or landfill at a permitted facility in accordance with local, state, and federal regulations (see 40 CFR Part 268).

Reportable Quantities: 5,000 lbs on dry weight basis for sodium bisulfite.

X. NSF CERTIFICATION

Sodium Bisulfite manufactured at Pasadena, TX and Tuscaloosa, AL are NSF-60 Certified. Maximum use in potable water is 50 mg/l.

SALES OFFICE

For Product Information:
TEL: 662-494-3055
FAX: 662-494-2828

Post Office Drawer 1217
West Point, MS 39773

To Place An Order:
TEL: 800-953-3585
FAX: 800-953-3588

IMPORTANT

The information on this Material Safety Data Sheet is believed to be accurate but is not warranted to be so. Protective equipment, health effects, and other related safety measures are based on intended and anticipated product use. Recipients are advised to confirm in advance of need that the information is applicable and suitable to their circumstances.

Southern Ionics Incorporated
Location of Bidder's Supply

12901 Bay Park Road
Pasadena, Texas 77507

1400 Olin Road
Beaumont, TX 77705

CITY OF HOUSTON CONTRACTOR OWNERSHIP DISCLOSURE ORDINANCE:

Completion of the "**Affidavit of Ownership or Control**", included herein, and submitted with the Official Bid or Proposal Form. Failure to provide this information may be just cause for rejection of your bid or proposal.

CONFLICT OF INTEREST QUESTIONNAIRE:

Chapter 176 of the Local Government Code requires every Vendor or Contractor with the City of Houston ("City") to file a Conflict of Interest Questionnaire with the City Secretary of the City of Houston by the **seventh** business day after:

(1) any contract discussions or negotiations begin, or

(2) submitting an application, responses to requests for proposals, bids, correspondence, or any writing related to a potential agreement with the City.

The Conflict of Interest Questionnaire is available for downloading from the Texas Ethics Commission's website at <http://www.ethics.state.tx.us/forms/CIQ.pdf>. The completed Conflict of Interest Questionnaires will be posted on the City Secretary's website. There will also be a list of the City's Local Government Officers on the City of Houston's website.

Additionally, each Vendor or Contractor must file updated questionnaires no later than **September 1st** of each year that the Vendor or Contractor seeks to contract with the City, or the **seventh** business day after the date of an event that would render the questionnaire incomplete or inaccurate.

However, a Vendor or Contractor is not required to file a new questionnaire in any year if the vendor has completed a questionnaire between June 1st and September 1st of that year, unless the previous questionnaire is incomplete or inaccurate.

Original Conflict of Interest Questionnaire shall be filed with Houston's Records Administrator (Ms. Anna Russell, City Secretary, 900 Bagby, First Floor, Houston, Texas 77002). Vendors and Contractors shall include a copy of the form that was submitted to the City Secretary as part of the BID package. Any questions about filling out this form should be directed to your attorney

Failure of any Vendor or Contractor to comply with this law is a Class C misdemeanor.

BIDDER'S ATTACHMENTS: Detail below all attachments, which are submitted, with your Bid Form. This list will be used by the City Secretary's Office to verify contents of your sealed bid submission. Labeling your bid attachments with the same titles as shown below will facilitate this process. (NOTE: This listing should also include separate attachments, which are too large, or for some other reason cannot be placed into the sealed envelope containing the bidding documents. These separate attachments should be placed in an envelope or wrapped, and should include a label clearly identifying the Bidder's name and the City's bid number and title, as well as the bid opening date.)

Affidavit of ownership, drug forms, Fair campaign ordinance,
Statement of residency, conflict of interest, bidders attachments
Supply, contractor ownership disclosure, MSDS, pb, NSF, +
bid sheet.

ATTACHMENT A

DRUG POLICY COMPLIANCE AGREEMENT

I, Jack R. Weimer, Vice President, as an owner or officer of
 _____ **Name) (Print/Type)**
 _____ **(Title)**
Southern Ionics Incorporated _____ **(Contractor)**
 _____ **(Name of Company)**

have authority to bind Contractor with respect to its bid, offer or performance of any and all contracts it may enter into with the City of Houston; and that by making this Agreement, I affirm that the Contractor is aware of and by the time the contract is awarded will be bound by and agree to designate appropriate safety impact positions for company employee positions, and to comply with the following requirements before the City issues a notice to proceed.

1. Develop and implement a written Drug Free Workplace Policy and related drug testing procedures for the Contractor that meet the criteria and requirements established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's Drug Policy) and the Mayor's Drug Detection and Deterrence Procedures for Contractors (Executive Order No. 1-31).
2. Obtain a facility to collect urine samples consistent with Health and Human Services (HHS) guidelines and a HHS certified drug testing laboratory to perform the drug tests.
3. Monitor and keep records of drug tests given and the results; and upon request from the City of Houston, provide confirmation of such testing and results.
4. Submit semi-annual Drug Policy Compliance Declarations.

I affirm on behalf of the Contractor that full compliance with the Mayor's Drug Policy and Executive Order No. 1-31 is a material condition of the contract with the City of Houston.

I further acknowledge that falsification, failure to comply with or failure to timely submit declarations and/or documentation in compliance with the Mayor's Drug Policy and/or Executive Order No. 1-31 will be considered a breach of the contract with the City and may result in non-award or termination of the contract by the City of Houston.

6/19/11

Date

Contractor Name

Jack R. Weimer

Signature

Jack R. Weimer

Title

Vice President



**ATTACHMENT B
DRUG POLICY COMPLIANCE DECLARATION**

I, Jack R. Weimer, Vice President as an owner or officer of
 (Name) (Print/Type) (Title)
Southern Ionics Incorporated (Contractor)
 (Name of Company)

have personal knowledge and full authority to make the following declarations:

This reporting period covers the preceding six months from 12/1/10 to 5/31/11 20 11

- ✓JR Initials A written Drug Free Workplace Policy has been implemented and employees notified. The policy meets the the criteria established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's Policy).
- JR Initials Written drug testing procedures have been implemented in conformity with the Mayor's Drug Detection and Deterrence Procedures for Contractors, Executive Order 1-31. Employees have been notified of such procedures.
- JR Initials Collection/testing has been conducted in compliance with federal Health and Human Services (HHS) guidelines.
- X Initials Appropriate safety impact positions have been designated for employee positions performing on the City of Houston contract. The number of total employees on safety impact positions during this reporting period is _____

JR Initial From 12/1/10 (start date) to 5/31/11 (end date) the following testing has occurred:

	<u>Reasonable</u>	<u>Post</u>	
	<u>Random</u>	<u>Suspicion</u>	<u>Accident</u>
			<u>Total</u>
Number of Employees Tested	39		39
Number of Employees Positive	-0-		-0-
Percent Employees Positive	-0-		-0-

JR Initials Any employee who tested positive was immediately removed from the City worksite consistent with the Mayor's Policy and Executive Order No. 1-31.

JR Initials I affirm that falsification or failure to submit this declaration timely in accordance with established guidelines will be considered a breach of contract.

I declare under penalty of perjury that the affirmations made herein and all information contained in this declaration are within my personal knowledge and are true and correct.

6/10/11
Date

Contractor Name Jack R. Weimer

Signature Jack R. Weimer

Title Vice President

ATTACHMENT C

Contractor's Certification of No Safety Impact Positions
In Performance of a City Contract

I, Jack R. Weimer, Vice President as an owner or officer of
(Name) (Print/Type) (Title)

Southern Ionics Incorporated (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has no employee safety impact positions as defined in §5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Contractor agrees and covenants that it shall immediately notify the City's Director of Personnel if any safety impact positions are established to provide services in performing this City Contract.

6/9/11

Date

Contractor Name

Southern Ionics / Jack R. Weimer

Signature

Jack R. Weimer

Title

Vice President

ATTACHMENT D

CONTRACTOR'S CERTIFICATION OF NON-APPLICATION OF
CITY OF HOUSTON DRUG DETECTION AND DETERRENCE PROCEDURES
FOR CONTRACTORS

I, Jack R. Weimer, Vice President as an owner or officer of
(Name) (Print/Type) (Title)

Southern Ionics Incorporated (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has fewer than fifteen (15) employees during any 20-week period during a calendar year and also certify that Contractor has no employee safety impact positions as defined in 5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Safety impact position means a Contractor's employment position involving job duties that if performed with inattentiveness, errors in judgment, or diminished coordination, dexterity, or composure may result in mistakes that could present a real and/or imminent threat to the personal health or safety of the employee, co-workers, and/or the public.

6/9/11

Date

Contractor Name

Southern Ionics

Signature

Jack R. Weimer

Title

Vice President