

Winston, Kathy

From: Steve Collins <SCollins@cliffberryinc.com>
Sent: Wednesday, May 14, 2014 9:01 AM
To: Winston, Kathy
Cc: Kantor, Karen E.
Subject: FW: CBI Mailing SPCCP with return receipts
Attachments: Return Receipts 2013 SPCCP.jpg

About half of the return receipts have been received by CBI. Please see attached photo.

Best regards,

Steve

Steve Collins, CHMM
Manager of Health & Safety and Regulatory Affairs
Cliff Berry, Inc. (954) 763-3390



From: Steve Collins
Sent: Wednesday, May 07, 2014 7:12 PM
To: 'Karen.E.Kantor@dep.state.fl.us'
Subject: FW: CBI Mailing SPCCP with return receipts

FYI

Best regards,

Steve

Steve Collins, CHMM
Manager of Health & Safety and Regulatory Affairs
Cliff Berry, Inc. (954) 763-3390



From: Steve Collins
Sent: Wednesday, May 07, 2014 5:10 PM
To: 'Winston, Kathy'
Cc: Leroy Arce
Subject: CBI Mailing SPCCP with return receipts

May 2014 mailing of SPCC Plans went out this morning meeting the 14 days deadline to resend SPCC Plans to the distribution list. Envelopes with a cover letter and CD Rom (containing all CBI facility plans) were taken to the post office with green certified mail return-receipt post cards attached. Please see photos.

We should have the return-receipt postcards back to CBI in about a week to ten days.

All CD Roms were recorded at the slowest available speed of 10x (versus 24x) so that they can be read by the maximum number of computers.

Best regards,

Steve

Steve Collins, CHMM
Manager of Health & Safety and Regulatory Affairs
Cliff Berry, Inc. (954) 763-3390



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Kay</u></p> <p>C. Date of Delivery <u>5-8-14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Broward General Medical Center 1600 S. Andrews Ave. Fort Lauderdale, FL 33316 Attn: Facility Manager	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0212</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Angie Carnley</u></p> <p>C. Date of Delivery <u>5-9</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Northeast Fl. Regional Council 6850 Belfort Oaks Place Jacksonville, FL 32216 Attn: Eric Anderson	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0106</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Debbie Holly</u></p> <p>C. Date of Delivery <u>5/9/14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Duval County Sheriff's Office 50 East Bay St Jacksonville, FL 32202	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0113</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>P. VARGAS</u></p> <p>C. Date of Delivery <u>5-7-14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Hillsborough County Police Dept. 2008 E. 8 th Ave Tampa, FL 33605 Attn: Communication Bureau	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0038</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>J</u></p> <p>C. Date of Delivery <u>5/8</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Broward Sheriff's Office 2601 W. Broward Blvd. Fort Lauderdale, FL 33312	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0205</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Natalie Smith</u></p> <p>C. Date of Delivery <u>5/9/14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: St. Lucie County Sheriff's Office 4700 West Midway Rd. Ft. Pierce, FL 34981	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0243</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Robert E. Coble</u></p> <p>C. Date of Delivery <u>5/9/14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Brevard County Department 1040 S. Florida Ave Rockledge, FL 32955	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0236</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Steve</u></p> <p>C. Date of Delivery <u>5/9/14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: University Community Hospital 3100 E. Fletcher Ave Tampa, FL 33613	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0045</u>	
PS Form 3811, July 2013	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Barbara Carringer</u></p> <p>C. Date of Delivery <u>5-9-14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: Brevard Sheriff's Department 700 S. Park Ave Titusville, FL 32780	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0281</u>	
PS Form 3811, July 2013	Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Miriam Belda</u></p> <p>C. Date of Delivery <u>5/9/14</u></p> <p>D. Is delivery address different from item 17? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: St. Lucie County Health Department 5150 NW Milner Dr. Port St. Lucie FL 34983	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0267</u>	
PS Form 3811, July 2013	Domestic Return Receipt

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1. Article Addressed to: Broward County Dept. of Planning & Environmental Protection 1 North University Dr. Suite 102 A Plantation FL 33324	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0168</u>	
PS Form 3811, July 2013	Domestic Return Receipt

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1. Article Addressed to: Duval County Fire Department 515 North Julia St. Jacksonville, FL 32202	
2. Article Number (Transfer from service label) <u>7014 0510 0001 0082 0076</u>	
PS Form 3811, July 2013	Domestic Return Receipt