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Completed Document Details

NATIVE NAME: CLIFF BERRY INC - PORT EVERGLADES FACILITY

DOC LOG ID: 36030

CHAZ ID: FLR000083071

CITY: FORT LAUDERDALE

COUNTY: BROWARD

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Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
409979	UOP	kbrandenburg@cliffberryinc.com	FLR000083071	Cliff Berry Inc - Port Everglades Facility
410420	HWT	kbrandenburg@cliffberryinc.com	FLR000083071	Cliff Berry Inc - Port Everglades Facility
425760	MP	compliance@cliffberryinc.com	FLR000083071	Cliff Berry Inc - Port Everglades Facility
426219	HWR	kbrandenburg@cliffberryinc.com	FLR000083071	Cliff Berry Inc - Port Everglades Facility

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/29/2016	SIMMONS_JLS	✘
RHWT	Completeness Review	01/04/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	01/04/2017	HORLICK_S	✘
RHWT	Data Entry Completed	01/04/2017	SIMMONS_JLS	✘
RHWT	Final Review	01/04/2017	HORLICK_S	✘
RHWT	Booked into Oculus 🚧	01/04/2017	THURSBY_K	✘
RUOH	Logged	12/29/2016	SIMMONS_JLS	✘
RUOH	Completeness Review	12/29/2016	ASHWOOD_J	✘
RUOH	Ready for Data Entry	12/29/2016	ASHWOOD_J	✘
RUOH	Data Entry Completed	01/03/2017	SIMMONS_JLS	✘
RUOH	Final Review	01/03/2017	ASHWOOD_J	✘
RUOH	Booked into Oculus 🚧	01/04/2017	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	12/29/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	01/04/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	12/29/2016	Received updated original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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