**ORDER FOR SUPPLIES OR SERVICES**

1. DATE OF ORDER: 12/01/2009
2. CONTRACT NO. (If any): CPSC-N-10-0032

3. ORDER NO.
4. REQUISITION/REFERENCE NO.

**ISSUING OFFICE**

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**SHIP TO:**

Jean C Potter
Dirmedical Records

**NAME OF CONTRACTOR:**
Fremont John C Health Care District

**STREET ADDRESS:**
5189 Hospital Road
PO Box 216

**CITY:**
MARIPOSA
**STATE:** CA
**ZIP CODE:** 95338-0216

**NAME OF CONSIGNEE:**
CONSUMER PRODUCT SAFETY COMMISSION

**STREET ADDRESS:**
DIV OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 604-26

**CITY:** BETHESDA
**STATE:** MD
**ZIP CODE:** 20814

**NAME OF CONSIGNEE:**
CONSUMER PRODUCT SAFETY COMMISSION

**STREET ADDRESS:**
DIV OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 604-26

**CITY:** BETHESDA
**STATE:** MD
**ZIP CODE:** 20814

**ACCOUNTING AND APPROPRIATION DATA**

See Schedule

**REQUISITION:CREFERENCE NO.**

11. BUSINESS CLASSIFICATION (Check appropriate box(es))

- a. SMALL
- b. OTHER THAN SMALL
- c. DISADVANTAGED
- d. WOMEN-OWNED
- e. HUBZone
- f. EMERGING SMALL BUSINESS
- g. SERVICE DISABLED VETERAN-OWNED

**PLACE OF INSPECTION:**

13. PLACE OF INSPECTION

**GOVERNMENT B/L NO.**

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE

- a. NAME OF CONSIGNEE
- b. STREET ADDRESS
- c. CITY
- d. STATE
- e. ZIP CODE

16. DISCOUNT TERMS

Net 30

**SCHEDULE (See reverse for Rejections)**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tbody>
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This contract is being incrementally funded in the amount of $5,405.65 for the period of October 1, 2009 through March 31, 2010, Continued...

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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
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18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO

21. MAIL INVOICE TO

CONSUMER PRODUCT SAFETY COMMISSION

22. UNITED STATES OF AMERICA

23. NAME (Typed)

Doris B. Kessler
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)
Prepared by GSAR 48 CFR 53.218(e)
## ORDER FOR SUPPLIES OR SERVICES
### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 12/01/2009  
**CONTRACT NO**: CPSC-N-10-0032  
**ORDER NO**:  

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<td>ESTIMATED QUANTITY</td>
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<td>5,261.50</td>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 425 MAXIMUM QTY: 2,125 Accounting Info: 10-FS-EXFM-4310-11179-252E Funded: $5,261.50</td>
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<tr>
<td>0002</td>
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<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 19 MAXIMUM QTY: 187 Accounting Info: 10-FS-EXFM-4310-11179-252E Funded: $144.15</td>
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<td>OPTION PERIOD: 10/01/10 THRU 09/30/11</td>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 425 MAXIMUM QTY: 2,125 Continued ...</td>
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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)): $5,405.65**
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**ESTIMATED QUANTITY**

- **SUPPLEMENTAL/SPECIAL STUDY REPORTS.**

- **MINIMUM QTY:** 19
- **MAXIMUM QTY:** 187
- **Amount:** $289.85 (Option Line Item)
  10/01/2010

**Accounting Info:**
11-PS-EXFM-4310-11179-252E
  Funded: $0.00
  $289.85 (Subject to Availability of Funds)
  $0.00 (Subject to Availability of Funds)
  Period of Performance: 10/01/2010 to 09/30/2011

**The total amount of award:** $16,218.50. The obligation for this award is shown in box 17(i).