AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
Z. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 3 5 PROJECT NO. (If applicable)
0007	05/11/2011		
S. ISSUED BY CODE		7. ADMINISTERED BY (If other than Item 6)	CODE
CONSUMER PRODUCT SAFETY COM DIV OF PROCUREMENT SERVICES 1330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	MISSION		
8. NAME AND ADDRESS OF CONTRACTOR (No., stre	el, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
,		W	
SCHUMPERT DORIS		9B. DATED (SEE ITEM 11)	
		,,	
ZERONA MS 38879-0031		10A MODIFICATION OF CONTRACT/ORDER NO	D
		CPSC-N-10-0050	<b>~</b> .
		AAG DATED HEE ITALIA	
CODE	FACILITY CODE	108. DATED (SEE ITEM 13)	
OCCUPANT OF THE PROPERTY OF TH		12/10/2009	
The above numbered solicitation is amended as set		O AMENDMENTS OF SOLICITATIONS	ded, Dis not extended.
virtue of this emendment you desire to change en of reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If n	fer eiready submitted, such change ma d is received prior to the opening hour a equired)		
0100A11DPS 2011 1117900000		THE THOUSE WE CAMBUATANA A LAST	COMPANITOM 22
13. THIS ITEM ONLY APPLIES TO	MUDIFICATION OF CONTRACTS/ORD	DERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DES	PURIDED IN HEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) T	THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN TH	HE CONTRACT
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FOR	ACT/ORDER IS MODIFIED TO REFLE TH IN ITEM 14, PURSUANT TO THE A	CT THE ADMINISTRATIVE CHANGES (such as changes in AUTHORITY OF FAR 43.103(b).	n paying office,
C THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	O AUTHORITY OF:	
D. OTHER (Specify type of modification	n and authority)		
X UNILATERAL MODIFICA	TION, FAR 43.103(b)		
E. IMPORTANT: Contractor is not.	is required to sign this document	end return1_ capies to the issuing	office.
DUNS Number: 86	ation 0007 is to pro	, including solicitation/confract subject matter where feasib ovide reimbursement for partic	
NIOSH special study with CD	C as follows:		
Add the following new line	item: (see page 2).		
For FY-2011 the total amoun \$77,200.85.	t of this contract :	is increased by \$1,000.00, fro	om \$76,200.85 to
Continued			
	the document referenced in Item 9A or	10A, as heretofore changed, remains unchanged and in ful	
15A. NAME AND TITLE OF SIGNER (Type or print)		16A, NAME AND TITLE OF CONTRACTING OFFICE	ER (Type or print)
450 CONTRACTOR OFFICE	1.00 0.000 0.000	Doris B. Kessler	LANG BARROWS
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED 05/11/2011
(Signature of person authorized to sign)		(Signature of Contracting Officer)	
NSN 7540-01-152-8070 Previous edition unusable		Pro	ANDARD FORM 30 (REV. 10-83) escribed by GSA IR (48 CFR) 53.243

CONTINUATION BUTTE	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEE	CPSC-N-10-0050/0007	2	3

NAME OF OFFEROR OR CONTRACTOR

SCHI	IM	PERT	DORIS

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Add Item 0005 as follows:		Н		
0005	REIMBURSEMENT FOR PARTICIPATION IN A NIOSH	1	LT	1,000.00	1,000.0
	SPECIAL STUDY FOR CDC IN ACCORDANCE WITH THE				
	ATTACHED STATEMENT OF WORK.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.				
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## OPTION PERIOD - FY-2011

Add the following new item:

ITEM SUPPLIES/SERVICES #	QUANTITY (Estimated)	UNIT PRICE	AMOUNT
6. Reimbursement for participation in a NIOSH special study for CDC in accordance with the following Statement of Work:	1 lt.	\$1,000.00	\$1,000.00

Section C.3.a., STATEMENT OF WORK, add the following:

- (7) SPECIAL STUDY ON NIOSH WORK-RELATED INJURIES
  - a. The Contractor shall collaborate with hospital staff and arrange and provide on-site for access to approximately 1,000 emergency department records at Doctor's Community Hospital, Lanham, Maryland.
  - b. Representatives of the National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control (CDC) shall review the records for information relevant to the work-related special study being conducted by CPSC and CDC through the NEISS.
  - c. The Contractor shall assist the CDC representative(s) during this records survey.
  - d. The Contractor shall conduct this one-time survey at North Mississippi Medical Center for a two or three day period.
  - e. The Contractor shall be reimbursed \$1,000.00 for this one-time effort and accommodation for CDC/CPSC.
  - f. Performance of this survey shall be completed by September 15<sup>th</sup>, 2011.