

**ORDER FOR SUPPLIES OR SERVICES**

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 03/02/2010		2. CONTRACT NO. (if any) CPSC-N-10-0120		6. SHIP TO:	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
d. CITY LAKE CITY		e. STATE IA	f. ZIP CODE 51449-1585	c. CITY BETHESDA	e. ZIP CODE 20814
7. TO KRIS BAUMGART CEOADMINISTRATOR				f. SHIP VIA	
a. NAME OF CONTRACTOR STEWART MEMORIAL COMMUNITY HOSPITAL				8. TYPE OF ORDER	
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE	
c. STREET ADDRESS 1301 WEST MAIN STREET				REFERENCE YOUR:	
d. CITY LAKE CITY				Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	
a. INSPECTION Destination		b. ACCEPTANCE Destination		16. DISCOUNT TERMS Net 30	

**17. SCHEDULE (See reverse for Rejections)**

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: [REDACTED] HOSPITAL ID# 3K212055 BASIC CONTRACT: 10/01/09 THRU 09/30/10  Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO		17(h) TOTAL (Cont. pages)	
	21. MAIL INVOICE TO:							
	a. NAME CONSUMER PRODUCT SAFETY COMMISSION						\$11,396.40	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522						\$11,396.40	
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814					

22. UNITED STATES OF AMERICA BY (Signature)

*Doris B. Kessler*

23. NAME (Typed)  
Doris B. Kessler  
TITLE: CONTRACTING/ORDERING OFFICER

*Todd Stevenson*

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER  
03/02/2010

CONTRACT NO.  
CPSC-N-10-0120

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 175 MAXIMUM QTY: 875  Period of Performance: 10/01/2009 to 09/30/2010	700	EA	15.56	10,892.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 13 MAXIMUM QTY: 130  Period of Performance: 10/01/2010 to 09/30/2011	130	EA	3.88	504.40	
0003	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.  MINIMUM QTY: 175 MAXIMUM QTY: 875 Amount: \$10,892.00 (Option Line Item) 10/01/2010  Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 \$10,892.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to Continued ...	700	EA	15.56	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$11,396.40

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SCHEDULE - CONTINUATION**

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DATE OF ORDER  
03/02/2010

CONTRACT NO  
CPSC-N-10-0120

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 13 MAXIMUM QTY: 130 Amount: \$504.40 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 \$504.40 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$22,792.80. The obligation for this award is shown in box 17(i).</p>	130	EA	3.88	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00