ORDER FOR SUPPLIES OR SERVICES

1 DATE OF ORDER: 05/10/2010

2 CONTRACT NO. (if any): CPSC-N-10-0185

3 ORDER NO: [unfilled]

4 REQUISITION/REFERENCE NO: [unfilled]

5 ISSUING OFFICE: (Address correspondence to)

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

6 SHIP TO

a NAME OF CONSIGNEE: CONSUMER PRODUCT SAFETY COMMISSION

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

CITY: BETHESDA

d STATE: MD

e ZIP CODE: 20814

f SHIP VIA: [unfilled]

8 TYPE OF ORDER

□ a PURCHASE

REFERENCE YOUR:

Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

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

d CITY: BRONX

e STATE: NY

f ZIP CODE: 10461

10 REQUISITIONING OFFICE

CONSUMER PRODUCT SAFETY COMMISSION

11 BUSINESS CLASSIFICATION (Check appropriate box(es))

x a SMALL

☐ b OTHER THAN SMALL

c DISADVANTAGED

d WOMEN-OWNED

e HUBZone

f EMERGING SMALL BUSINESS

g SERVICE-DISABLED VETERAN-OWNED

12 F.O.B. POINT

Destination

13 PLACE OF

a INSPECTION

Destination

d ACCEPTANCE

Destination

14 GOVERNMENT B/L NO:

15 DELIVER TO F.O.B. POINT ON OR BEFORE (Date):

Multiple

16 DISCOUNT TERMS

Net 30

17 SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
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<tbody>
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<td>DUNS Number: [unfilled]</td>
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<td>BASIC CONTRACT: 06/01/10 THRU 09/30/10</td>
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</table>

18 SHIPPING POINT

19 GROSS SHIPPING WEIGHT

20 INVOICE NO

21 MAIL INVOICE TO:

a NAME: CONSUMER PRODUCT SAFETY COMMISSION

b STREET ADDRESS: DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522

c CITY: BETHESDA

d STATE: MD

e ZIP CODE: 20814

22 UNITED STATES OF AMERICA BY (Signature): [Signature]

23 NAME (Type): Doris B. Kessler

TITLE: CONTRACTING/ORDERING OFFICER

OPTIONAL FORM 347 (Rev. 9/2000)

Prepared by CSAT AR 44 CFR 53.271(a)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 05/10/2010  
**CONTRACT NO:** CPSC-N-10-0155  
**ORDER NO:**

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<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
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<tbody>
<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>6167 EA</td>
<td>3.10</td>
<td>19,117.70</td>
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<tr>
<td></td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<tr>
<td></td>
<td>MINIMUM QTY:</td>
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<td>MAXIMUM QTY:</td>
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<td>0002</td>
<td>ESTIMATED QUANTITY</td>
<td>1333 EA</td>
<td>0.78</td>
<td>1,039.74</td>
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<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<td>MAXIMUM QTY:</td>
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<tr>
<td>0003</td>
<td>REIMBURSEMENT FOR ONE-TIME TRAINING COSTS.</td>
<td>1 LT</td>
<td>1,056.00</td>
<td>1,056.00</td>
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<td>12 HRS X $30.00 = $1,056.00</td>
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<td>0004</td>
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<td>10/01/2010</td>
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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17-H):** $21,213.44

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(Previous Edition Not Usable)

*OPTIONAL FORM 346 (Rev. 4/03/09)*

Presented by OSA FAN (40 CFR 5.3 217h)
<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<td>0100A11DPS-2011-1117900000-EXFM004310-252E0</td>
<td>$57,350.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</td>
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<td>0.78</td>
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ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.

MINIMUM QTY: 400
MAXIMUM QTYA: 4,000
Amount: $3,120.00 (Option Line Item) 10/01/2010

Accounting Info:
0100A11DPS-2011-1117900000-EXFM004310-252E0
$3,120.00 (Subject to Availability of Funds)
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $81,683.44. The obligation for this award is shown in box 17(i).