

**ORDER FOR SUPPLIES OR SERVICES**

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

1 DATE OF ORDER 02/22/2010	2 CONTRACT NO. (If any) CPSC-N-10-0109	6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO	4 REQUISITION/REFERENCE NO		

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	
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814

7. TO: CHRIS MARTIN DIRECTORER SERVICES	f. SHIP VIA
a. NAME OF CONTRACTOR HARBORVIEW MEDICAL CENTER	

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR.	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 325 9TH AVENUE	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.	
d. CITY SEATTLE	e. STATE WA	f. ZIP CODE 98104-2420

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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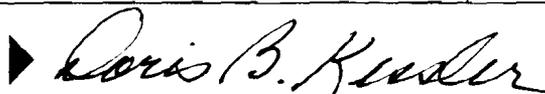
11. BUSINESS CLASSIFICATION (Check appropriate box(es))	12. F.O.B. POINT Destination
<input type="checkbox"/> a. SMALL <input type="checkbox"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	

13. PLACE OF	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination		

**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)
0001	DUNS Number: ██████████ HOSPITAL ID# 6W741034 BASIC CONTRACT: 10/01/09 THRU 09/30/10 ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, Continued ...	3100	EA	1.68	5,208.00	

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			\$0.00
b. STREET ADDRESS (or P O Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	\$5,208.00

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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Todd Stevenson

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

PAGE NO

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

DATE OF ORDER 02/22/2010  
CONTRACT NO. CPSC-N-10-0109

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0002	<p>SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 775 MAXIMUM QTY: 3,875</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$5,208.00 Period of Performance: 10/01/2009 to 09/30/2010</p> <p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY</p> <p>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 775 MAXIMUM QTY: 3,875 Amount: \$5,208.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$5,208.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$10,416.00. The obligation for this award is shown in box 17(i).</p>	3100	EA	1.68	0.00	

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

\$0.00