

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 09/01/2011		2. CONTRACT NO. (If any)		6. SHIP TO: a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration	
3. ORDER NO. DTMA-92-P-2011-0101		4. REQUISITION/REFERENCE NO. MA-PR615.5-20110049		b. STREET ADDRESS Atlantic Division Operations 7737 Hampton Blvd Building 19 Suite 300	
5. ISSUING OFFICE (Address correspondence to) U.S.DOT/ Maritime Administration Atlantic Div. Acquisition Office MAR-380-2 7737 Hampton Blvd Building 19 Suite 300 NORFOLK VA 23505-1204		c. CITY Norfolk		d. STATE VA	e. ZIP CODE 23505-1204
7. TO: a. NAME OF CONTRACTOR MARY IMMACULATE HOSPITAL, INCORPORATED		f. SHIP VIA		8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: quote dtd 8/25/11 from J. Longworth <input type="checkbox"/> b. DELIVERY 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.	
b. COMPANY NAME (AFF: Bons Secours Health System, Inc.)		c. STREET ADDRESS 2 BERNARDINE DR		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.	
DUNS #066002734		d. CITY NEWPORT NEWS	e. STATE VA	f. ZIP CODE 23602-4404	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE DIV. of ATLANTIC OPERATIONS			

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) 15 Days After Award	16. DISCOUNT TERMS	
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)
	The purpose of this purchase order is for the provision of annual medical surveillance exams for JRRF Fleet Operations Group personnel. The COR for ordering and certification of 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 MARAD A/P INVOICES			\$15,000.00
	b. STREET ADDRESS (or P.O. Box) P.O. BOX 25710			\$15,000.00
c. CITY OKLAHOMA CITY	d. STATE OK	e. ZIP CODE 73125		17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Monique Leake TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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

DATE OF ORDER 08/31/2011	CONTRACT NO.	ORDER NO. DTMA-92-P-2011-0101
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>invoices is George Diggs. Admin Office: U. S. DOT Maritime Administration Atlantic Div. Acquisition Office MAR-380.2 7737 Hampton Blvd Building 19 Suite 300 Norfolk VA 23505-1204</p> <p>Accounting Info: 70111750HQ.1OPEMOE30A.0000139024.25623.61006 600 Period of Performance: 09/27/2011 to 09/26/2012</p> <p>ANNUAL MEDICAL SURVEILLANCE EXAMS FOR JRRF-FOG PERSONNEL.</p> <p>Issued for the provision of occupational medical/physical examinations to designated MARAD employees assigned to the James River Reserve Fleet (JRRF), Fleet Operations Group, Drawer C, Fort Eustis, Virginia 23604 in accordance with the attached Statement of Work.</p> <p>In order for an invoice to be processed for payment, it must include your Federal ID Number, Purchase Order Number, and Invoice Number. Without these numbers, your invoice will be returned and payment will be delayed.</p> <p>The total amount of award: \$15,000.00. The obligation for this award is shown in box 17(i).</p>				15,000.00	

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

\$15,000.00

MEDICAL SURVEILLANCE PROGRAM EXAMINATIONS

DOT MARAD JAMES RIVER RESERVE FLEET STATEMENT OF WORK

I. AUTHORITY AND SCOPE

Pursuant to the provisions of the Maritime Administration's (MARAD) "Action Plan for the Control of Asbestos Exposure in MARAD Programs," MARAD is entering into a contract with an Occupational Health Medical Facility (FACILITY), employing an Occupational Health Physician (PHYSICIAN), Nurses and Certified Medical Technicians to provide occupational medical/physical examinations to designated MARAD employees assigned to the James River Reserve Fleet (JRRF), Drawer C, Fort Eustis, Virginia 23604.

II. PURPOSE

The health risks of occupational exposures to asbestos and hazardous materials are becoming well known. In order to limit preventable illnesses and to provide medical surveillance to the JRRF employees who may have been exposed to potentially hazardous materials and chemicals in the past, MARAD's Occupational Medical Surveillance Program provides medical/physical examinations and laboratory tests to these employees.

III. SERVICES AND CONDITIONS

Occupational medical health surveillance shall be provided to designated JRRF employees who have been, are, or will be exposed to potentially hazardous material and conditions (for example: asbestos, lead, excessive noise) as outlined in 29 CFR 1910.1001. For the purpose of this contract,

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asbestos includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos and any of these minerals that have been manufactured or chemically treated or altered. The FACILITY shall be responsible for providing and performing the following occupational medical/physical examination types, unless otherwise specified in this Statement of Work:

1. Basic Periodic Examinations

Asbestos/Occupational Health Medical Examinations are to be provided to detect early or subclinical effects as a result of accidental or inadvertent over exposure to potentially hazardous substances, and to monitor for unanticipated effects of long-term low level exposure to specific biological, chemical and physical agents.

These examinations shall be given to all designated JRRF employees authorized to participate in this Surveillance Program, and will consist of the following:

- a. Hands On Physical Examination conducted by a qualified Occupational Health Physician in accordance with current and acceptable medical practice (including basic vision screening, height/weight measurements, blood pressure reading, etc.).

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b. Medical Laboratory Tests as follows:

* Blood Chemistries:

CHEM 6 = Glucose
Sodium
Chloride
BUN (Blood Urea Nitrogen)
K+ (Potassium
Carbon Dioxide

HDLT = High Density Lipid Triglycerides

CBC = Complete Blood Count

PSA = Prostate Specific Antigen
(To male employees age 40
years and over)

* Urinalysis = Dip w/micro
(dipstick + microscopic exam
for WBC's, RBC's Bacterial, casts, crystals,
Trichomonas, yeast and epithelial cells
(transitional, renal, squamous)

* Hemocult Test = Three (03) stool specimens

* Lead Testing = Blood sample and analysis which
determines blood lead level and the
ZPP test

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- c. Audiometric Hearing Test administered in a sound attenuated booth based on guidelines established in 29 CFR 1910.95. The audiometric hearing test shall also be performed in compliance with specifications prescribed by the American National Standards Institute, S3.6-1969, Specifications for Audiometers (or latest revision thereof), and in a room whose background noise meets the requirements of the American National Standards Institute S3.1-1977, Criteria for Permissible Ambient Noise During Audiometer Testing (or latest revision thereof).
- d. Pulmonary Function Test - Spirometry test consisting of simple measurements of lung ventilation, including Forced Expiratory Volume in one second (FEV) and Forced Vital Capacity (FVC) which meets, as a minimum, the OSHA/NIOSH standards/requirements. Such tests shall be performed, calculated and interpreted in accordance with the current NIOSH standards. The FACILITY's technician/nurse who administers the pulmonary function test shall be certified technician/nurse and/or supervised by a licensed physician.
- e. Electrocardiogram (EKG) - An electrocardiogram, consisting of a Standardized 12 lead testing shall be administered to the JRRF employees. A record of the electric potentials associated with electric currents that traverse the heart, which can be used to diagnose heart disease, shall be maintained.
- f. A Comprehensive, Occupational History detailing prior exposure to potentially harmful chemical or physical respiratory hazards, particularly asbestos, is to be developed. Any adverse effects related to the exposure are to be recorded. A respiratory history, with emphasis on the presence of respiratory symptoms and smoking is to be recorded.

- g. *A Judgement of the Employee's Ability to Use Respiratory Equipment* shall be made. The PHYSICIAN shall provide the JRRF a certification of fitness for respirator use. (See Form MA-969, Respirator Approval Card, attached).
- h. *Any Additional or Follow-up Occupational Health Related Examinations./Medical Laboratory Tests* deemed appropriate/necessary by the PHYSICIAN, must be PREAPPROVED by MARAD through the JRRF Designee, identified in Section V, Paragraph 9 of this Statement of Work.
- i. Additional or follow-up occupational health related examinations, medical laboratory tests, consultations and training may be authorized by MARAD if deemed appropriate/necessary by the PHYSICIAN.

2. Pre-Placement/Fit for Duty Examination

This medical examination shall be conducted on new/potential employees or if appropriate, those returning to duty after an illness or injury, based on the physical requirements of his or her position description and their designation as participants in the Asbestos Surveillance Program. This examination will determine whether the employee(s) is physically able to perform his or her assigned tasks and to provide in the case of a new/potential employee, baseline values for comparison with later values to aid in the detection of early or sub-clinical biological effects.

Pre-Placement/Fit for Duty Examination (Cont'd)

The Pre-Placement/Fit for Duty Examination will consist of a combination Asbestos Occupational Health Physical Examination, as in "Basic Periodic Examinations" described above, and any supplemental examination/test recommended by the PHYSICIAN, and FUNCTIONAL CAPACITY TEST conducted by a Licensed Physical Therapist. An additional report will be required which is similar to the Certificate of Medical Examination (Attachment J5)

3. Chest X-Rays (Posterior and Anterior)

In accordance with OSHA Standard 29 CFR 1910.1001 (s) (2) (iii), and the "Frequency of Chest Roentgenograms, Table 1 (see below), 14" x 17" posterior and anterior chest x-rays shall be taken. It will be the responsibility of the FACILITY to screen employee's prior medical records and compare the information with the following chart to determine whether employee is due for a chest x-ray. The x-ray films shall be locally screened for clarity and quality. It will be the FACILITY'S responsibility to have the x-ray films interpreted by Board Certified "B" Reader, Radiologist. It will be the FACILITY'S responsibility to provide the x-ray films (current and previous year) to the Radiologist for comparison and interpretation.

TABLE 1			
FREQUENCY OF CHEST ROENTGENOGRAMS			
AGE OF EMPLOYEE			
	15 TO 35	35+ TO 45	45+
YEARS SINCE FIRST EXPOSURE			
0 TO 10.....	EVERY 5 YRS	EVERY 5 YRS	EVERY 5 YRS
10+.....	EVERY 5 YRS	EVERY 2 YRS	EVERY YR

If an employee’s previous medical examination results indicate an asbestos health problem, x-rays shall be taken on an annual basis. The PHYSICIAN may recommend that an employee be x-rayed if, in his/her opinion, and in accordance with current and acceptable medical practices, the employee’s health situation dictates the need for additional x-rays.

All of the above medical examinations should include physical examination of all systems with emphasis on the respiratory system, cardiovascular system and digestive tract with specific emphasis on the chest, particularly the presence of persistent “dry rales” or “crackles” at the lung base. In addition, the presence or absence of “clubbing” of the fingers and signs of bronchitis and emphysema will also be noted. The FACILITY shall perform periodic occupational health medical/physical examinations and will also provide pre-placement, fitness for/return to duty and pre-separation examinations as requested.

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The FACILITY shall perform all of the medical examination services as described above, at one designated location.

The medical examinations shall be conducted in THREE PARTS:

1. All lab tests and x-rays (if required) are conducted.
2. The PHYSICIAN conducts the hands-on physical examination in accordance with Standard Medical Practice and discusses results of all lab tests, x-ray interpretations (if required), and hands-on examination with the employee.
3. The LICENSED PHYSICAL THERAPIST conducts the Functional Capacity Test, IF REQUIRED, for Pre-placement/Fitness for Duty examinations.

IV. OCCUPATIONAL HEALTH FACILITY RESPONSIBILITIES

Under the terms of this contract, the FACILITY shall be responsible to:

1. Ensure that all medical examinations are conducted by the PHYSICIAN and that all lab tests and procedures are performed by or under the supervision of a PHYSICIAN in accordance with current and acceptable medical practices, and the FACILITY shall provide a professional staff, administrative support and other services necessary to perform the occupational health medical/physical examinations in a professional manner. The PHYSICIAN shall be a graduate of an accredited school of medicine and shall meet the licensing requirements of the Commonwealth of Virginia. As a minimum, two years experience in occupational health medicine is required for the PHYSICIAN who will be conducting the medical examinations. All nurses shall be graduates of an accredited school of nursing, shall be registered and shall be legally qualified to practice nursing in the Commonwealth of Virginia.

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2. Ensure that the examining PHYSICIAN reviews all occupational medical information, medical examination data, lab test results and compares results, including the x-ray interpretations and written summary reports from the Board Certified “B” Reader Radiologist and validates the conclusions of the medical examinations in accordance with OSHA’S requirements and professional medical procedures. Also, the PHYSICIAN shall compare the employee’s current occupational health medical/physical examination results (PFT, hearing test, etc.), with the employee’s previous medical examination test results and any health changes shall be noted in the examining PHYSICIAN’s written opinion/report.

3. Provide a written opinion/report signed by the examining PHYSICIAN. This report shall be available to JRRF and shall be placed in the employee’s asbestos medical folder within fourteen (14) days of the employee’s hands-on physical examination. This opinion/report shall contain the results of the current occupational health medical examination and any occupational health changes as a result of the comparison of the current test with the employee’s previous year’s occupational health test results. In addition to the written opinion/report, the MARAD medical evaluation forms shall be included (Attachments J1 and J1A). As a minimum, the PHYSICIAN’s written opinion/report shall contain the following:
 - a. Examining PHYSICIAN’s opinion as to whether the employee has detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, actinolite, or any other occupational hazardous substances. The examining PHYSICIAN shall clearly identify any occupational health abnormalities and shall state his/her recommendations. The judgement of the PHYSICIAN concerning the adequacy of the diagnostic information to support the impression of asbestos related disease should be entered in the medical report/opinion.

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- b. Any recommended limitations on the employee or upon the use of personal protective equipment, such as clothing or respirators, etc. The PHYSICIAN shall complete the “Medical Determination for Respirator Use” (Attachment J2). The PHYSICIAN shall complete the “Respirator Approval Card,” Form MA-969 (Attachment J2A) for each employee. The completed forms shall be provided to the Fleet within seven (7) days after completion of Part II of the employee’s medical exam. Forms should be forwarded by FEDEX to JRRF once a week.
 - c. A statement that the employee has been informed by the examining PHYSICIAN of the results of the occupational health medical/physical examination and of any occupational health conditions resulting from asbestos, tremolite, anthophyllite, or actinolite exposure that requires further explanation or treatment, or from any other occupational health hazardous substances.
 - d. The employee’s original occupational health medical examination results/records which shall include results/records of the medical/physical examination tests identified in Section III of this Statement of Work, and the examining PHYSICIAN’s written medical opinion/report as to the employee’s occupational health status.
4. The examining PHYSICIAN **SHALL NOT REVEAL** in the written opinion/report given to the JRRF specific findings of diagnoses unrelated to occupational health exposure to asbestos, tremolite, anthophyllite, or actinolite, or other occupational hazardous substances. The written opinion/report shall state that the examining PHYSICIAN has informed the employee of any personal health problems and has instructed the employee to see his/her personal physician for any necessary definitive care or follow-up treatment for these personal health problems. The employee shall be required to sign this statement.

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5. Utilize standard occupational health medical history and physical examination report forms provided as attachments to this Statement of Work.
6. The FACILITY shall be responsible for all medical records. Records shall be handled in accordance with the requirements of the Privacy Act of 1974 (5 U.S.C. 552a). The confidentiality of all employee medical information shall be protected.
7. Provide the services of a Board Certified “B” Reader, Radiologist, to independently interpret the JRRF employees’ x-ray films (P/A) in accordance with ILO International Classification of Radiograph of Pneumoconiosis.
 - a. Radiologist will compare the employees’ current x-ray films with the employees’ last x-rays taken under this program.
 - b. Complete Pneumoconiosis Radiograph Interpretation Form MA-924 (Attachment J3).
 - c. Provide a detailed written summary report stating the Radiologist’s professional findings, opinions, and recommendations (Attachment J4).
8. All Medical Surveillance Program medical/physical examination opinions/reports/lab test results and x-rays of JRRF employees shall be maintained in a secure file at the FACILITY, in accordance with prescribed Federal and Medical record keeping requirements/practices and Privacy Act requirements. The James River Reserve Fleet is responsible for assuring compliance with OSHA Standard 29 CFR 1910.20, “Access to Employee Exposure and Medical Records.”

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9. Upon receipt of a written request by the employee, the FACILITY shall provide a copy of the current occupational health medical/physical examination results to the employee and/or the employee's personal physician.
10. Maintain professional liability insurance in an amount not less than \$1,000,000. Indemnify and hold harmless and defend the United States, MARAD, and its officials and employees against any and all claims and demands (including costs and attorney fees in defending such claims or demands, whether or not the claims or demands are found to be valid) for injury or death arising out of the medical/physical examination and testing activities of the occupational health medical facility for JRRF employees under the Medical Surveillance Program.
11. The FACILITY shall immediately notify the Fleet Program Manager, or his/her designee, if an employee refuses a portion of the occupational health medical examination.
12. The FACILITY shall immediately notify the employee, upon discovery of a health problem that would restrict the employee from safely performing job duties.
13. All occupational health medical/physical examinations shall commence as agreed upon by the Fleet Program Manager or his/her designee.
14. As a minimum, the FACILITY shall have and shall maintain the following credential(s) during the duration of this contract:
 - a. Licensed by the Commonwealth of Virginia

15. The FACILITY's liaison for the administration of this contract with the JRRF shall be a full time employee, experienced in occupational medicine requirements and contract administration, with complete comprehension of this statement of work, and the authority to authorize, accept and sign for changes to this contract.
16. The FACILITY shall be responsible for scheduling Part II (hands on examination) of the employee's medical exam.
17. The FACILITY shall ensure that examinations are scheduled for completion during the normal FLEET working hours, Monday-Friday, 7:00 a.m. to 3:30 p.m.

V. JAMES RIVER RESERVE FLEET RESPONSIBILITIES

The Fleet Program Manager, or his/her designee, shall provide the FACILITY with the following information:

1. Description of the employees' duties as they relate to the employees' exposure (position description - initial examination only).
2. Description of any personal protective and respiratory equipment used or said to be used by JRRF employees.
3. MARAD Occupational Health Surveillance Questionnaire, Form MA-911 (Attachment J6), which contains a comprehensive occupational work/health history detailing prior and current exposure to potential hazards or respiratory hazards, particularly asbestos (initial examination of a new employee only).
4. Periodic Medical Questionnaire, Form MA-911(b) (Attachment J7), (for periodic examinations only).

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5. Completed OSHA medical questionnaires for each JRRF employee included in MARAD's Medical Surveillance Program and receiving an occupational health medical/physical examination:
 - a. *Part 1* - Required for each JRRF employee receiving initial medical examination (Attachment J6).
 - b. *Part 2* - Required for each JRRF employee currently participating in the program who has received a medical examination in the previous year (Attachment J7).
6. A copy of OSHA's asbestos requirements as contained in 29 CFR 1910.1001 and 1926.62.
7. A copy of OSHA's occupational noise exposure as contained in 29 CFR 1019.95. Provide noise level sampling data, as appropriate, which contains data pertaining to the employees' noise exposure.
8. Provide employee asbestos sampling data-survey for ambient concentrations of airborne asbestos, both personal and area sampling results.
9. Mr. George Diggs, JRRF Designee, shall be responsible for all arrangements regarding the employees' occupational medical examinations, lab tests, and follow up tests with the FACILITY and she shall also be the local point of contact with the FACILITY for questions concerning scheduling/problems. The JRRF will furnish the names of the employees and forms, as required, to be scheduled for the occupational health medical examinations.

VI. GENERAL RESPONSIBILITIES/CONDITIONS

1. The FACILITY shall ensure that JRRF employees will not be required to travel more than fifty (50) miles one way to a single location from the JRRF worksite in order to obtain the complete occupational health medical/physical examination. This is required in order to minimize employee time away from the job.

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2. Mobile health units are not acceptable to perform the JRRF occupational health medical/physical examinations.
3. This award is not intended to create a third party beneficiary and is not construed as a third party beneficiary contract.
4. The JRRF designee and point of contact on matters relating to this statement of work is:

Mr. George Diggs
Department of Transportation
Maritime Administration
James River Reserve Fleet
Drawer C
Fort Eustis, VA 23604
Telephone: (757) 887-3233, Ext. 15
FAX: (757) 887-1188

5. Upon thirty (30) days written notice to the FACILITY, this contract may be terminated at any time at the discretion of the Maritime Administration.

VII. REPORTING REQUIREMENTS

1. The FACILITY is responsible for providing a written report to the JRRF Fleet Program Manager. This report shall consist of two parts: (1) a written report, and (2) an oral presentation by the PHYSICIAN and the appropriate FACILITY staff member(s) to the JRRF's designee or other MARAD personnel as deemed necessary.
 - a. The written report shall consist of, at a minimum, the following information:
 - (1) Number of occupational medical/physical examinations conducted by type and total amount of examinations.

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- (2) Number of follow up examinations, special tests, recommended and provided to employees.
- (3) Breakdown of occupational medical problems identified:
 - * Asbestos
 - * Hearing Loss
 - * Lead
 - * Respirator Fitness
 - * Other Problems

- (4) FACILITY recommendations/views:

The written report shall be delivered to George Diggs, JRRF designee, within two (2) weeks after completion of the examinations.

- (5) List of employees who will require chest x-rays next year based on OSHA Standard 29 CFR 1910.1001 (s) (2) (iii), and the “Frequency of Chest Roentgenograms Table” on page 6 above.

- b. The FACILITY shall provide a critique which, as a minimum, shall present a summary of the written report, overview of the program and services, recommendations and discussions of the current program, and initiatives and suggestions for improvement of the program. A question and answer period should follow the medical FACILITY critique. The critique shall be held within three (3) weeks after completion of the medical examinations.

VIII. BILLING FOR OCCUPATIONAL HEALTH MEDICAL EXAMS

- a. FACILITY will submit invoices on a monthly basis for all services completed during the month. Invoices will include the following information and/or attached documents:

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- (1) Name of FACILITY and invoice date.
 - (2) Purchase order number.
 - (3) Description, price and quantity of services rendered.
 - (4) Name, title, phone number and complete mailing list of responsible official to whom payment is to be sent.
 - (5) Name of each JRRF employee who received a medical examination and date of examination.
- b. Original plus one (01) copy of any correspondence and invoice billing will be forwarded to:

George Diggs
Department of Transportation
Maritime Administration
James River Reserve Fleet
Drawer C
Fort Eustis, VA 23604