

TECHNICAL EXHIBIT 7
MQS2-NG DoD TYPE II
CONFIGURATION

A Type II Configuration Task order is an ordering configuration where the Contractor is responsible for the performance of the entire scope of operations, subject only to Government surveillance, and is required to be self-sufficient in fulfilling the purpose, objectives, and performance outcomes of a full service IAW with the Statements of Objectives (SOO).

A SOO is a Government-prepared document incorporated into a Task Order solicitation that states the overall performance objectives. It is used in solicitations when the Government intends to provide the maximum flexibility to each offeror to propose an innovative approach. (FAR 2.101). In place of a government-written Performance Work Statement (PWS), a task order solicitation will include a SOO as part of the fair opportunity process. In this method, a Statements of Work (SOW) or Performance Work Statement, and performance metrics are included in the offerors' proposals (based on their proposed solutions and the objectives in the SOO), allowing for a broader range of solutions. The Statement of Objectives is not a legally binding document.

Type II requirements can either be on-site or off-site as determined by the ordering activity regardless of telework status. Type II configurations will typically use a non-personal services approach.

The following are sample Statements of Objectives (SOO) that would be updated before the Government issued a task order solicitation for services. The Government will provide the SOO and each offeror would provide a potential Performance Work Statement as part of the proposal process. More details will be in the Task Order solicitations.

STATEMENT OF OBJECTIVES SAMPLES¹

Patient Appointing Service
Medical Coding and Auditing Service
Medical Transcription Service
Industrial Hygiene/Bioenvironmental Engineering Service

¹ Other Statement of Objectives can be added at either the Task Order or IDIQ level for additional Type II Requirements.

PATIENT APPOINTMENT SERVICES STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To supply all necessary equipment and patient appointing service personnel to conduct appointment services for military medical treatment facilities (MTFs). Additionally, the contractor shall monitor, manage, and report on appointing metrics for higher management and develop plans to improve overall MTF performance for access to care compliance.

2. **CONTRACT OBJECTIVES:** Use the best commercial practices in conjunction with military directives and parameters to produce efficient appointing services for the Government.

3. **BACKGROUND:**

- a. Appointing services are currently accomplished by military, DoD civilians or contractors within MTFs or at remote sites.
- b. The volume and demand for services varies by facility. Specific facility unit projections will be provided when services are ordered and it will include historical workload and details regarding the current eligible beneficiary population (Active Duty, TRICARE Prime enrollees, TRICARE Plus enrollees, and non-enrollees).
- c. The Contractor shall submit a fully burdened unit rate per telephone transaction. A telephone transaction includes all steps necessary to: answer/receive an incoming call; make an appointment or document that an appointment is not available or create and issue a telephone consult following MTF policy and procedure; or process an MTF/patient cancellation. Only incoming calls or MTF-directed lists (i.e., cancel all of Dr. X's appointments for next week) meeting the telephone transaction definition are considered a billable transaction. Incoming calls requesting general information, clinic numbers, transfer requests or wrong numbers as well as blocked or abandoned calls do not count as a telephone transaction.

4. **MILITARY PARAMETERS:**

- a. The Armed Forces Health Longitudinal Technology Application (AHLTA), MHS GENESIS and the MTF-specific telephone equipment and secure messaging must be used for appointment services. The Government will grant access by local MTF connectivity. The Contractor shall comply with Government communications and security standards and policies. The MTF will provide AHLTA/phone accounts for contract staff members after proof of completion of training and security requirements.
- b. The Government shall provide a toll-free telephone line/number for the appointment services.
- c. The Contractor shall submit Automated Call Distribution (ACD) system changes, configurations, procedures, and scripting to the MTF COR/TOKO for coordination and/or approval. The Contractor may use an automated or voice response system provided that patients have the option to speak directly to an appointment clerk, if requested.
- d. Appointment Types. The Contractor shall make clinical appointments and coordinate appointments with other direct care facilities as required. Appointments shall be made following MTF-provided appointing criteria and comply with MHS access to care standards as required by 32 CFR 199.17. Appointments shall be made using only DoD approved standard appointment types, business rules, and appointment detail codes as stated in regulations.

- (1) The Government will be responsible for the developing and updating MTF provider appointment templates.

- (2) The Contractor shall be required to, in addition to making appointments, call patients and reschedule and/or cancel appointments according to need.
- e. Hours of Operation/Federal Holidays. The Contractor must provide services Monday through Friday, excluding Federal holidays. Required available service hours are defined in the Task Order performance work statement.

5. PERFORMANCE OUTCOMES:

The Contractor shall provide fully qualified appointing personnel to receive incoming calls within the required timeliness thresholds, retrieve automated/paper schedules, book/schedule patient appointments within the access to care standards, or disposition the call accordingly while maintaining patient satisfaction. The Contractor shall conduct internal monitoring, complete management assessments and, as needed, develop improvement plans, and report data quality statistics and develop/implement improvement plans. The Contractor shall ensure proper monitoring and reporting to satisfactorily meet or exceed appointing requirements for the following metrics:

- a. Call Waiting Time – The time the caller is on hold waiting to speak to an appointment clerk.
- b. Call Abandonment – The number of callers whose calls were received by the telephone switchboard, but disconnected (i.e., hung up) before the appointment clerk could answer the telephone.
- c. Blocked Call Rates – Calls that cannot be completed by the caller due to the call capacity of the telephone system (i.e., all telephone lines are busy).
- d. Customer Service/Satisfaction of Appointing Services – This information will be received from the DoD customer satisfaction survey. Report shall also separately address complaints from MTF clinic staff listed by Contractor staff member and number of complaints from patients listed by Contractor staff member.
- e. Error Report – Number of incorrect appointing transactions by Contractor staff member.
- f. Call Volume – Total number of calls received by the appointing Contractor's telephoneswitch.
- g. Call Processing Time – The total length of call to include call waiting time and talk time.
- h. Calls That Do Not Result In An Appointment – The Contractor will use the AHLTA, MHS GENESIS or other government system to identify and report patients that called but did not get an appointment.
- i. All Refused Appointments (i.e., patient is offered same day appointment but refuses) – the total number of callers who requested an appointment outside the access to care standard even if an earlier appointment is available.
- j. Access To Care Summary Report - documents when a patient is offered an appointment within standards but refuses and gets an appointment outside standards due to their own preference.
- k. Calls Monitored Report - Report shows results of Contractor's internal surveillance process.
- l. Utilization/Demand Forecasting. Reports show required performance data on an hourly basis for each business day of the week with an aggregate total for the week.
- m. Monitors the secure messaging in-box daily and dispositions submissions in accordance with MTF guidelines within the required standard to respond to patient requests.

MEDICAL CODING AND AUDITING SERVICES

STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To provide necessary equipment and coding professionals to perform medical coding and auditing services for military medical treatment facilities (MTFs). Additionally, the Contractor will develop and conduct a comprehensive training program for MTF staff on coding rules, DoD guidelines and policies, centralized MTF coding program objectives, and coding procedures. The Contractor is required to monitor, manage and report on coding metrics for higher management and develop plans to improve medical coding knowledge, capabilities, timeliness/accuracy rates, and overall MTF performance for coding compliance.
2. **CONTRACT OBJECTIVES:** Utilize the best commercial practices in conjunction with military directives and parameters to conduct efficient coding and auditing services for the DoD.
3. **BACKGROUND:**
 - a. These services are currently accomplished by military, DoD civilians or contractors within MTFs. For the past 10 years, the majority of coding services have been a contracted service.
 - b. The volume and demand for services varies by facility. The Contractor is required to submit a fully burdened unit rate per coded, completed medical encounter. A complete, coded medical encounter is defined as an encounter with signed supporting documentation that was coded according to rules as defined by MHS, DHA, DoD, and current coding classification systems. Other coding related fields are included (modifiers, units of service). These records will be annotated in the Government computer systems and flagged as “transmitted completed” or “complete.” Encounters on “hold” are not considered complete. The number of medical encounters to be completed per year will be specified on each task order proposal request.
4. **MILITARY PARAMETERS:**
 - a. The Contractor must use many Government computer systems, and an electronic health record (e.g., MHS GENESIS, the Armed Forces Health Longitudinal Technology Application (AHLTA), Essentris, and the Coding Compliance Editor (CCE)), or other electronic reporting system to conduct medical coding and auditing services. The Government will grant access by local MTF connectivity and the contractor shall comply with Government communications and security standards and policies. The MTF will provide AHLTA/Essentris/CCE accounts for contract workers after proof of completion of training and security requirements.
 - b. The Government may have other coding references that will be included at the Task Order if needed.
 - c. Hours of Operation/Federal Holidays. Patient appointments occur daily; therefore, provider coding and training needs are required every business day. The Contractor can provide coding and auditing services daily Monday through Friday, excluding Federal holidays and, at some of the larger facilities, may occur 24/7. **Require availability will be defined in the Task Order.** However, the Contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve MTF satisfaction.
5. **PERFORMANCE OUTCOMES:**

The Contractor shall provide coding personnel to complete required coding work-load, furnish auditing of provider-coded encounters, complete management assessments and data quality statistics and develop/implement improvement plans to meet goals. The Contractor shall provide fully qualified Coders, Coding Auditors or Coding Trainers, who shall be responsible for:

 - a. Review and properly assign medical codes - Evaluation and Management (E&M), Diagnosis (ICD), Current Procedure Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes, modifiers, and quantities as documented by the physician in the patient health record.
 - b. Audit medical documentation and codes assigned by MTF staff for compliance with federal coding regulations and DoD guidelines.

- c. Interact and educate MTF staff regarding coding rules, documentation policies, procedures, and regulations; obtains clarification of conflicting, ambiguous, or non-specific documentation.
- d. Conduct formal training sessions, workshops and training/briefings in accordance with the Task Order requirements. Provide second-level review of coding assignment for legal or billing purposes.
- e. Maintain required productivity standards per DoD requirements. Maintain timeliness standards per DoD requirements.
- f. Maintain accuracy standards per DoD requirements.
- g. Ensure contractor coding representation from each MTF at the annual Uniform Business Office/Unified Biostatistical Utility (UBO/UBU) conference in accordance with DoD requirements.
- h. Provide all necessary coding reference books and internal contractor training on changes to coding procedure and practices to ensure current, accurate completion of duties.
- i. Ensure knowledge of AHLTA by coding professionals to facilitate provider education. Completes review of all forms, superbills, picklists, and AHLTA templates to ensure accuracy of coding resources.
- j. Develop, revise and use internal controls to ensure adequate staffing for successful performance, accurate workload completion, proper compliance monitoring and correct reporting, as well as proper contingency plans as required by policy.
- k. Conduct coding assessments/analysis (peer review) for contractor operational staff. Respond to MTF concerns regarding lost workload, decreased revenue (i.e., RVUs or collections) or ineffective training and implements corrective actions in accordance with the contract performance plan.
- l. The Contractor shall correct all coding discrepancies completed by their staff identified during contractor, independent or Government audits before the next month's report at no additional cost to the Government. The Contractor shall track and provide a status report on their monthly deliverable to the requesting location.
- m. Identify problems areas, improvement opportunities and recommend solutions to optimize coding activities.

TRANSCRIPTION SERVICES STATEMENT OF OBJECTIVES

1. **PROGRAM GOAL:** To supply all necessary equipment and labor required to perform transcription services for military medical treatment facilities (MTFs). Additionally, the contractor monitors, manages and reports on transcription services for higher management and develops plans to improve timeliness and accuracy rates, service availability, and overall MTF performance and compliance.

2. **CONTRACT OBJECTIVES:** Use the best commercial practices in conjunction with military directives and parameters to produce efficient transcription services.

3. BACKGROUND:

Transcription services are currently accomplished by military providers or DoD civilians within an MTF or from remote sites with the use of a dial-in dictation system and connectivity/access to Government computer systems.

- a. Transcription shall include technical medical terminology for all fields of medicine and surgery. Material requiring transcription in typed form may be dictated or provided in written format (via mail, carrier or facsimile) by physicians, allied health care providers, and paraprofessional staff, requiring transcriptionist adaptation to variations in handwriting, accents, speech, tone, voice volume, delivery, pronunciation, and enunciation. Dictated material may be received from a MTF Dictation System by connecting electronically via dial in telephone lines by the Contractor or the Contractor may be required to provide a dictation system. The MTF will specify how the dictation will be sent and how the transcription will be provided by the Contractor (in AHLTA, MHS GENESIS, HAIMS, by fax, by mail) in the Task Order.
- a. The volume and demand for services varies by facility as does the dictation system used at the MTF. The Contractor shall submit a fully burdened unit rate per transcribed lines (65 characters constitute a line). The number of lines to be transcribed per year will be specified on each task order proposal request along with demographic information of the types of providers/clinical specialties and the specifications on the available dictation/transcription equipment at the requesting location.

4. MILITARY PARAMETERS:

- a. The Armed Forces Health Longitudinal Technology Application (AHLTA), or MHS GENESIS, may be required for transcription services. The Government will grant access, if required, by local MTF connectivity. The Contractor shall comply with Government communications and security standards and policies. The MTF will provide AHLTA, MHS GENESIS, HAIMS and dictation system accounts for contract staff members after proof of completion of training and security requirements.
- b. Hours of Operation/Federal Holidays. The dictation demand occurs daily. Services currently are typically provided Monday through Friday from 0730 to 1630, excluding Federal holidays. However, the Contractor may propose operational hours in their strategy to create efficiencies, meet high demand, meet customer needs and improve customer satisfaction.

5. PERFORMANCE OUTCOMES:

The Contractor shall provide fully qualified transcriptionist(s) to complete required work load, audit/validate accuracy of transcription, complete management assessments, report data quality statistics and develop/implement improvement plans. The Contractor shall provide fully qualified personnel to transcribe dictation into electronic or paper documentation for inclusion into patient medical records or other DoD official purpose. The Contractor must ensure:

- a. **ACCURACY.** The Contractor shall ensure all transcribed reports are error-free; medically consistent; contain correct grammar, spelling and medical terminology; and correct formats. The Government will provide the required format to the Contractor. All discrepancies shall be re-accomplished by the Contractor at no additional cost to the Government and returned to the MTF within 24 hours of oral or

written notification to the Contractor for routine reports, and within 2 hours or oral or written notification to the Contractor on priority reports.

- b. LOG SHEETS. The Contractor shall establish log sheets to track all dictation received by transcriptionists. The Contractor shall be able to provide specific detailed information, such as date transcribed, line count, and the transcriptionist working the dictation.
- c. RECORD SYSTEM. The Contractor shall maintain a record system that shall ensure dictation can be traced through the process from dictation to transcription to return to the MTF. The Contractor shall maintain a tracking system to ensure a specific report was received as dictated and the date the dictation was transcribed in specified form as well as the date the final report was transmitted to the MTF. The Contractor shall be required to provide this information when a report is identified as missing from the patient's records. The Contractor shall provide the report, at no additional cost, within 24 hours from the time the request is made by the COR/MTF designee. The Contractor will be contacted by e-mail or phone about priority reprints. Higher priority reprints shall be accomplished within the time frames.
- d. STORAGE AND BACKUP. The Contractor shall provide appropriate storage media to backup all material in a secured environment for the duration of the Task Order and 90 days thereafter for retrieval purposes by the MTF, if necessary.
- e. DISPOSITION - The Contractor shall provide all hard copy and electronic material to the MTF at the end of the Task Order for disposition. The Contractor must destroy data in accordance with Government regulations after providing copies to the MTF.
- f. AUTHORIZED USERS OF THE MEDICAL TRANSCRIPTION SERVICE. The Contract shall provide a list of authorized users to the Government. The Contractor must maintain the list of authorized users by updating it as changes occur. If a name does not appear on the authorized list, the individual may not access the Government systems.
- g. TURNAROUND TIMES. Transcription shall be accomplished in the following order of priority and within the specified time frames as stated below:
 - (1) Priority. The MTF shall identify work as priority and notify the Contractor of the priority dictation. The Contractor will be contacted via e-mail, telephone, facsimile, or written notification about priority requests. Priority requests shall be processed within four (4) hours from the time the COR or MTF designee makes an oral or written request to the Contractor, taking precedence over all routine work. Information on reports shall include: all patient identification (name, social security number, unique identifier, hospital address, transcriber's initials, ward, page number, and job number); accurate dates for date dictated and date transcribed; a proper format for each type of dictation according to work type; type of report; signature block; and correctly identifying dictating provider by name, rank, branch of service, corps, specialty and DoD specialty code.
 - (2) Routine requests shall be processed within twenty-four (24) hours from the time of dictation. Information on reports shall include: all patient identification (name, social security number, unique identifier, hospital address, transcriber's initials, ward, page number, and job number); accurate dates for date dictated and date dictated and date transcribed; proper format for each type of dictation according to work type; type report; and signature block correctly identifying dictating provider by name, rank, branch of service, corps, specialty, and specialty code.
- h. REQUIRED FORMS The following formats are required for each type of transcription:
 - (1) SF 516 – Operation Report
 - (2) SF 502 – Narrative Summary (ROUTINE)
 - (3) SF 502 – Narrative Summary (MEB ROUTINE)
 - (4) SF 502 – Narrative Summary (MEB/TDRL – ROUTINE)
 - (5) SF 504-5-6 History and Physical (H&P)
 - (6) SF 513 – Consult
 - (7) SF 600 - Medical Record – Chronological Record of Medical Care I SF 558 - Medical Record – Emergency Care and Treatment

Samples will be provided by the Ordering Activity, if required.

**INDUSTRIAL HYGIENE
(BIOENVIRONMENTAL ENGINEERING SERVICE)
STATEMENT OF OBJECTIVES**

1. **PROGRAM GOAL:** To supply sufficient and appropriate labor, equipment, media, analytical and laboratory services to support Bioenvironmental Engineering (BE) Mission and requirements. The BE Flight's principal efforts are directed toward federal occupational health compliance programs and homeland defense efforts. The evaluation, analysis and management of data acquired from workers and workplaces are critical to providing healthy workplaces. The information and reports generated from these efforts are to ensure compliance with Federal, State, military regulations and guidance and International Laws.

2. **CONTRACT OBJECTIVES:** Use the best commercial practices in conjunction with military directives and parameters to produce efficient services for the Government. The Contractor shall provide enough qualified technicians under the direction of a Certified Industrial Hygienist (CIH) to perform the tasks as outlined in the Statement of Work. A CIH who is certified in comprehensive practice and a designated Diplomate in good standing by the American Board of Industrial Hygiene (ABIH) shall closely direct, review and quality check all work performed. If needed, the CIH shall consult on technical issues as they are identified. (A001, Technical Report-Study/Services)

3. **BACKGROUND:**

- a. Services are currently accomplished by military, DoD civilians or contractors within MTFs or at remote sites. Performance location will be outlined in the task order performance work statement.
- b. The volume and demand for services varies by facility. Reference the task order performance work statement for details.
- c. The contractor is required to submit a fully burdened unit rate per completed and acceptable evaluation (air sampling, wipe sampling, ventilation system and noise evaluations). A complete and acceptable evaluation includes all steps necessary to sample, analyze (evaluate/test), review, quality check, document and report to the Government the results of the evaluations.
- d. Hours of Operation/Federal Holidays. The Contractor must have personnel available to provide services Monday through Friday, excluding Federal holidays with operational hours defined at task order level. However, based on demand, the Contractor may be required to provide services outside typical hours or days due to the nature of the evaluations. The Contractor may propose operational hours in their strategy to meet high demand, meet customer needs and improve customer satisfaction.

4. **MILITARY PARAMETERS:**

- a. Voluntary Protection Program (VPP). All contract workers shall familiarize themselves with the requirements of VPP. Information on the VPP can be accessed at <http://www.osha.gov/dcsp/vpp/index.html>. Additionally, the Contractor is responsible for the safety and health of all subcontractor employees.
- b. 29 CFR 1910-Occupational Safety and Health Standard, Subparts A-Z in its entirety.
- c. 29 CFR 1910.94, Ventilation, March 23, 1999, in its entirety.
- d. 29 CFR 1926.57, Ventilation, January 8, 1998, in its entirety.
- e. Military Department Occupational Health Program Regulations in its entirety.
- f. ACGIH Industrial Ventilation, A Manual of Recommended Practice, most current edition in its entirety.

- g. ISO/IEC 17025:2005, International Organization for Standardization, ISO and
- h. International Electrotechnical Commission, IEC, in its entirety.
- i. Applicable regulations and guidelines are contained in the main contract.

5. PERFORMANCE OUTCOMES:

- a. Complete Air Sampling activities as soon as possible but no more than one business day from request. Submit a technical report in accordance with regulatory requirements within 10 calendar days.

The Contractor shall perform industrial hygiene air sampling evaluations in the facility's Occupational Safety and Health Administration (OSHA) Expanded Standard Compliance Program, military department regulations and manuals. The workload of air monitoring for chemicals (primarily metals & organic vapors) shall be provided in the task order proposal request. This includes initial air monitoring that may (based on results) generate the requirements for periodic sampling (quarterly, semi-annually) as dictated by the specific regulation or local requests. The Contractor shall provide their own sampling equipment and media but shall use local office/laboratory space for preparations and equipment calibrations. The analytical laboratory used to perform sample analysis must be accredited by the American Industrial Hygiene Association, AIHA, and in compliance with International Standard ISO/IEC 17025, general requirements for the competence of testing and calibration laboratories. The laboratory must be fully accredited in the Industrial Hygiene Laboratory Accreditation Program (IHLAP). The contractor shall evaluate the sample results, calculate the Time Weighted Averages (TWA), generate a report with observations/findings and provide this information (electronic and hard copy) to BE for finalization of report to shop personnel within OSHA timelines. All data necessary to properly document worker/workplace exposures shall be entered into local BE databases (AFF 27 Series or equivalent forms, DOEHS or equivalent IT database) and case files. Upon completion of the contract task, a summary of work shall be submitted by Contractor within 10 calendar days of receipt of results from laboratory.

- b. Complete Wipe Sampling as soon as possible but no more than one business day from request. Submit a technical report in accordance with regulatory requirements within 10 calendar days.

The Contractor shall perform industrial hygiene wipe (surface) sampling in support of the facility's Occupational Safety and Health Administration (OSHA) Expanded Standard Compliance Program, military departmental instructions and manual. The workload of wipe sampling for OSHA substance specific dusts to verify effectiveness of housekeeping shall be outlined in the Task Order Performance Work Statement. The contractor shall provide sampling equipment and media and submit the samples for analysis to the analytical laboratory used for air sample analysis which must be accredited by AIHA and in compliance with International Standard ISO/IEC 17025, general requirements for the competence of testing and calibration laboratories. The laboratory must be fully accredited in the Industrial Hygiene Laboratory Accreditation Program (IHLAP). The sampling and analytical method must be compatible with ASTM D6966 International wipe sampling standard for metals and Method 6020A – Inductively Coupled Plasma, Mass Spectrometry as documented by National Institute for Occupational Safety and Health, NIOSH, and Center for Disease Control, Kevin Ashley, Ph.D. The Contractor shall follow the same procedures of documentation used for the air sampling documentation and shall most times be associated together. All data necessary to properly document sample collection/assessments shall be entered into local BE databases (AFF 27 Series or equivalent forms, DOEHS or equivalent IT database) and case files. Upon completion of the contract task, a summary of work shall be submitted by Contractor within 10 calendar days of receipt of results from laboratory.

- c. The Contractor shall perform routine (quarterly, semi-annual, annual, or periodic) evaluations of in support of the facility's industrial ventilation program. This work shall be accomplished in accordance with 29 CFR 1910.94, Ventilation, 29 CFR 1926.57, Ventilation, ACGIH Industrial Ventilation: A Manual of Recommended Practice, Current Edition, and other military guidance. This workload would entail prioritizing the monitoring cycle, and performing baseline, semi-annual, quarterly, and periodic evaluations for or about 225 industrial ventilation systems. Some re-evaluations may occur after

maintenance or troubleshooting. Current annual workload approximates will be provided in the Task Order Performance Work Statement. The Contractor shall provide their own equipment to perform the industrial ventilation evaluations at locations identified by BE personnel. The Contractor may be required to train BE and/or shop personnel on proper use and monitoring of manometers or other gauges, as needed. All data necessary to properly document the results of the ventilation systems evaluations shall be completed on AFF 27 Series or equivalent forms. The Contractor shall follow the same procedures of documentation that the local office follows. Data shall be entered into the local IT database (DOEHRS or equivalent) and printed documentation put in the hard copy case files. The Contractor shall submit a report for systems out of compliance and baselines or a summary of work within 10 calendar days of receipt from Contract CIH Reviewer.

- d. Complete Noise Sampling/Dosimetry as soon as possible but no more than 5 business day from request. Submit a technical report in accordance with regulatory requirements within 10 calendar days.

The Contractor shall perform industrial hygiene/occupational health technical services to include noise compliance testing and other testing as directed by the Government. All data necessary to properly document the results of the evaluations shall be completed on AFF 27 Series or equivalent forms. The Contractor shall follow the same procedures of documentation that the local office follows. The Contractor shall submit a report for all survey work within 10 calendar days of receipt. Data shall be entered into the local IT database (DOEHRS or equivalent) and printed documentation put in the hard copy case files.