

RETURN & REPAIR FORM



CUSTOMER NJ State Police Cust. # _____

Date ret. 12/10 Carrier Fed Exp. Method _____ RMA# _____

7110 Serial# ARLM-0271 Warranty exp.: _____

Reported Problem: _____

- Accessories (check all that apply): Regulator P.Paper Scotty V PrinterRib. Pouch
 Sim. Temp. Probe Ser.# _____ Keyboard Organizer Key
 Mouthpieces _____ Sim. to cuvette hose Pump to Sim. hose Power cord
 Other (specify) _____
 Other (specify) _____

<u>Part#</u>	<u>Description</u>	<u>\$</u>	<u>Qty</u>	<u>Total</u>
X CAL 71			1	
		Repair Time		Time \$

TOTAL REPAIR \$ _____

REPAIR NOTES:

Upgraded Unit to NS-3.2, full DC & OPS CHR
with CALIBRATION.

Date 01/05/00 Technician [Signature]

Every above checked item is included Shipping _____