

Return & Repair Form:

Customer Information:

Company Name: NJSP B: _____ S: _____
 Date Received: 11-11-09 Date Given to Service: _____
 Carrier: FedEx - (UPS) - DHL - USPS Method: GRD - (NDA) - 2DY - 3DY - Other

Product Information:

Product: 7410-~~7110~~-6510-6810-7510
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo
 Serial #: AR LM - 0271
 Printer Ser #: AR -
 Whole Instrument Top ½ Sim Ser #: _____
 Other _____ Probe Ser # DD P -
ACCESSORIES:
 110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return:			
<u>FC</u>			
Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.15</u>	<u>N/C WARR</u>

Repair Notes:

Replaced FC ARUF-0662 with FC ARUF-
0963

Cal w/QC; Ops Check

Service Technician: [Signature]

Date: 11/11/09