RETURN & REPAIR FORM

NJ State police

CUSTOMER Dept P. Cust. #_____

Date ret. 9/29 Carrier Fed Exp Method FCon RMA#_____

7110 Serial# ARLM-0279 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)_____

Part#	*Description*	*$*	*Qty*	*Total*
		Repair Time		Time $

TOTAL REPAIR $ _____

REPAIR NOTES:

_____
_____
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_____
_____
_____

Date 10/09/99 Technician _____

Every above checked item is included ☐ Shipping_____

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