

Return & Repair Form:

Customer Information:

Company Name: Roxbury Twp B: _____ S: _____
 Date Received: 3-17-11 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DV - 3DV - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR NK-0016
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top 1/2 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: _____

Part Number	Description	Qty	Total Cost
<u>6800455</u>	<u>FC</u>	<u>1</u>	<u>N/C W</u>
<u>mp cal 71</u>	<u>cal</u>	<u>1</u>	<u>N/C W</u>
<u>mp labor</u>	<u>labor</u>	<u>.5</u>	<u>N/C W</u>

Repair Notes:

FC # AE YE-0068 replaced with FC # ARBM-3213.
cal w/ ac & ops check

Service Technician: JS

Date: 3/21/2011