

Return & Repair Form

Customer Information:

CUSTOMER S. Jersey Trans Authority Cust # 53075/53076
 Date of Return: 10/10/2007 Carrier: **FX** **UPS** **DHL** **USPS** Method: **GRD** **NDA** **2DY** **3DY**
 OTHER: _____

Product Information:

Product : 7110 7410 6510 6810 Serial # AR NIC - 0019
 Description: A B PLUS SCREENER _ Printer Serial # AR -
 Whole Inst. Top Half Simulator Serial # _____
 OTHER : _____ Probe Serial # DD P -

Demo Unit Returned to stock on: _____

Accessories: (check all that apply):

- 110VAC Adapter
- Regulator
- Mag Card Rdr # _____
- Printer Paper
- Printer Ribbon
- Casio # _____
- Mouthpieces
- Carrying Case
- Dry Gas
- Other (specify): _____

Warranty Expiration Date: _____

Repair Information:

Test # _____

Reason for Return: LOW QC RESULTS

Part #	Description	Qty	Total
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>WARR</u>
<u>MPCAL 71</u>	<u>CAL</u>	<u>1</u>	<u>WARR</u>

Repair Notes: REPLACED CELL (ARYD-1639) CAL, QC, OPS CHECKS

Technician: [Signature]

Date: 10-11-07