

Return & Repair Form:

Customer Information:

Company Name: Piscataway P.D B: _____ S: _____
 Date Received: 5/3/2011 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: ARNK-0024
 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>M/E part</u>	<u>Pressure Sensor</u>	<u>1</u>	<u>N/CW</u>
<u>680 8455</u>	<u>FC</u>	<u>1</u>	<u>N/CW</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/CW</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/CW</u>

Repair Notes:

FC# ARCA-0076
Cal w/DC Ops Check
Unit would not complete a ABA test (Blowing Not Allowed) replaced Pressure Sensor, Hard Cal.

Service Technician: PS

Date: 5-4-11