

Return & Repair Form:

Customer Information:

Company Name: Town of Dover PD B: _____ S: _____
 Date Received: 5-15-2009 Date Given to Service: 5-15-2009
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other
BUSINESS

Product Information:

Product: 7410 - 7110 - 6510 - 6810 Serial #: ARNK - 0028
 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:

FC

Test #

| Reason for Return: | | | |
|--------------------|--------------|-----------|-----------------|
| Part Number | Description | Qty | Total Cost |
| <u>6808486</u> | <u>Plate</u> | <u>1</u> | <u>N/C WARR</u> |
| <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>.5</u> | <u>N/C WARR</u> |

Repair Notes:

Replace FC
Cal w/pc i ops check

Service Technician: AS

Date: 5-18-2009