

Return & Repair Form:

Customer Information:

Company Name: Stratford Twp B: _____ S: _____
 Date Received: 01/10/2011 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-0039
 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:				
<u>FC</u>				
Part Number	Description	Pr	Qty	Total Cost
<u>6808455</u>	<u>FC</u>		<u>1</u>	<u>w/cw</u>
<u>mp Cal 71</u>	<u>Cal</u>		<u>1</u>	<u>w/cw</u>
<u>mp Labor</u>	<u>Labor</u>		<u>.5</u>	<u>w/cw</u>

Repair Notes:

FC # AR135-1816
Cal w/DC & ops check

Service Technician: _____

Date: 01/11/2011