

Return & Repair Form:

Customer Information:

Company Name: MILLTOWN P.O. B: _____ S: _____
 Date Received: 3-11-11 Date Given to Service: 3-13-11
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR RL - 0042
 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: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/c w</u>
<u>mp cgl 71</u>	<u>cgl</u>	<u>1</u>	<u>n/c w</u>
<u>mp labor</u>	<u>labor</u>	<u>1.5</u>	<u>n/c w</u>

Repair Notes:

FEH ALBM-3271
cgl w/oc & eps check

Service Technician: JS

Date: 3/17/2011