

Return & Repair Form:

Customer Information:

Company Name: Jackson Twp. PD B: _____ S: _____
 Date Received: 5-13-11 Date Given to Service: 5-13-11
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY Other _____

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR SA - 0035
 9510-Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top ½ 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>6808455</u>	<u>FC</u>	<u>1</u>	<u>w/cw</u>
<u>6808486</u>	<u>Playee</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>1.5</u>	<u>w/cw</u>

Repair Notes:

FCT# ARCA-0844
Cal w/ QC & ops check

Service Technician: JS

Date: 5-16-11