

Return & Repair Form:

Customer Information:

Company Name: Manchester Twp B: 51960 S: _____
 Date Received: 6-28-10 Date Given to Service: _____
 Carrier: FedEx - NPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR 5B-0095
 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 JAN. 2014

+10
135

Repair Information:

Test #

Reason for Return:			
Part Number	Description	Qty	Total Cost
<u>MPCML71</u>	<u>CAL</u>	<u>1</u>	<u>120-</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>NEW</u>
<u>MPLABOR</u>		<u>.5</u>	<u>44-</u>

Repair Notes:

RE-ALIGN CASE COVER - CHECK ALL INTERNAL COMPONENTS -
ALL OK - REPLACE FC AS P.M. UNDER WARRANTY

1/2 HR LABOR FOR EVALUATION

CAL W/ QC AND OPS CHECKS

Service Technician: [Signature]

Date: 6-29-2010