

Return & Repair Form:

Customer Information:

Company Name: Long Hill Twp B: 50826 S: _____
 Date Received: 6-8-10 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR SC - 0008
 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 APRIL 2013

Repair Information:

Test #

Reason for Return: _____

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>192⁰⁰</u>
<u>MP cal 71</u>	<u>Cal</u>	<u>1</u>	<u>120⁰⁰</u>
<u>MP Labor</u>	<u>Labor</u>	<u>1.0</u>	<u>88⁰⁰</u>

Repair Notes:

NEW FC # AR30-2550
Cal w/DC & ops check
FC REQUIRED REPLACEMENT

Service Technician: [Signature]

Date: 6-9-2010