

Return & Repair Form:

Customer Information:

Company Name: Plainsboro B: _____ S: _____
 Date Received: 12-1-09 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 TL - 0005
 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:

Reason for Return:		Test #	
<u>FL</u>			
Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>Nil/Warranty</u>
<u>MP CAL 71</u>	<u>CAL</u>	<u>1</u>	<u>Nil/Warranty</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>Nil/Warranty</u>

Repair Notes:

FC ARAJ-0245 installed FC ARAN-1673 REMOVE

CAL w/QC & Ops check

Service Technician: [Signature]

Date: 12-03-09