

Return & Repair Form:

Customer Information:

Company Name: Plainboro Twp PA B: _____ S: _____
 Date Received: 5-10-11 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: ~~7410-7110-6510-6810-7510~~ 9510- Drug Tester 5000 Serial #: AR TL-0005
 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>FL</u>	<u>1</u>	<u>w/cw</u>
<u>mp cgl 71</u>	<u>CGL</u>	<u>1</u>	<u>w/cw</u>
<u>mp lgbr</u>	<u>lgbr</u>	<u>.5</u>	<u>w/cw</u>

Repair Notes:

FCT# ARCA-0202

Cal w/ Oc & ops check

Service Technician: _____

Date: 5-12-2011