

Return & Repair Form:

Customer Information:

Company Name: CHATHAM BORO B: _____ S: _____
 Date Received: 2-21 Date Given to Service: 2-22
 Carrier: (FedEx) - UPS - DHL - USPS Method: GRD - NDA - 2DY - (3DY) Other

Product Information:

Product: 7410-(7110)-6510-6810-7510 Serial #: AR FN - 0045
 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 _____

Repair Information:

Test #

Reason for Return: _____

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>PC</u>	<u>1</u>	<u>n/c u</u>
<u>6808486</u>	<u>Plaka</u>	<u>1</u>	<u>n/c u</u>
<u>mp cal 71</u>	<u>Cal</u>	<u>1</u>	<u>n/c u</u>
<u>mp labor</u>	<u>labor</u>	<u>15</u>	<u>n/c u</u>

Repair Notes:
FC# AR-BM-0834
Cal w/ QC; ops check

Service Technician: [Signature]

Date: 2/23/2011