

Return & Repair Form:

Customer Information:

Company Name: Florence Twp B: _____ S: _____
 Date Received: 3-15-11 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 TN -0053
 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>0808455</u>	<u>FC</u>	<u>1</u>	<u>N/CW</u>
<u>mp Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/CW</u>
<u>mp Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/CW</u>

Repair Notes:

ECT# AR13M - 3279
Cal w/DC; Ops check

Service Technician: AS

Date: 3/21/2011